Sun Country Health Region

Annual Report

2004 - 2005

Volunteers and Children from the on-site day care centre spending time with Elders at Tatagwa View

105-06573/

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Letter of Transmittal

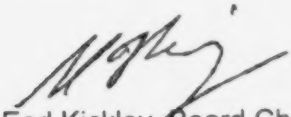
The Honourable John Nilson
Minister of Health
Province of Saskatchewan
Legislative Building
REGINA, Saskatchewan
S4S 0B3

Dear Mr. Nilson,

The Sun Country Regional Health Authority is pleased to provide you and the residents of the health region with its 2004-2005 Annual Report.

This report provides the audited financial statements of the Region for the year ended March 31, 2005 as well as outlining the Region's activities and accomplishments for that period.

Sincerely,



Earl Kickley, Board Chair
Sun Country Regional Health Authority

Message from the CEO and Board Chair

We are pleased to submit these milestones as our 2004/05 Report to our clients, staff and the residents of the Sun Country Health Region.

This is the third year of regionalization and we are very pleased to see that the staff of Sun Country Health Region identify and work as one cohesive organization.

After approximately eight years of planning, a new long-term care facility (Tatagwa View) came to fruition. This new facility is located in Weyburn and has been in operation since February 2005. The plan design was based on the Eden Philosophy of Care. The foundation of this philosophy is built on the belief that loneliness, helplessness and boredom account for most of the suffering experienced in many long-term care settings. We are grateful to all the staff who throughout the Region implemented many of the principles of Eden to create a vibrant living and working environment for both the elders and their caregivers in all facilities. To this end, we strive to enhance the quality of life for our residents in long term care.

The Regional Health Authority is pleased to report that a Catalogue of Services document has been developed for its health facilities, which will enable the Authority to make capital plans for the future. In relation to this, extensive renovations were made to Weyburn General Hospital, integrating all inpatient care services onto one floor (exclusive of the Intensive Care Unit and Emergency Room). In the Lampman Health Centre, the heating system was upgraded with a new boiler. These are some of the capital projects the Region accomplished during the 2004-2005 fiscal year.

Demands for capital dollars will continue to be stressed in the Region. We are very pleased to be able to work in partnership with the Foundations, Trust Committees and other community groups to move forward on some of these projects.

Recruitment of staff and physicians has also been a challenge for the Sun Country Health Region this past year and remains a high priority to sustain Health Care programs and services.

The Sun Country Health Region Population Health Promotion initiative continues to build a sustainable, adaptable health promotion strategy that focuses on wellness-based initiatives and disease prevention. We have defined four initiatives focussing on decreased substance use and abuse, mental well being, active communities and accessible nutritious foods. Health care providers and community partners are working collaboratively to address these priority issues.

The Regional Health Authority is proud to report that for the third straight year the Sun Country Health Region has achieved a balanced budget and sustained current levels of programs and services for our clients. We would like to thank all members of the staff for their excellent contributions to achieve this end.

Last year the Education Committee of the Regional Health Authority was implemented and held several meetings throughout the Region with the Public. These meetings were planned to provide information on the programs and services delivered to our clients throughout the Region and also to receive feedback from the public. We are also pleased to report that the Regional Health Authority has maintained linkages with communities in the Region through several successful meetings with Rural Municipality leaders and Community Advisory Networks.

In closing we consider it a privilege to provide leadership to such a dedicated and committed group of staff. Our staff is strongly motivated to give the best quality care to all patients, residents and clients within the Sun Country Health Region. It has been through our staff's commitment to providing the highest standards of care and their passion for serving their clients, patients and residents that 2004/05 year was a success.

Thank you for the opportunity to serve you.

Lee, Spencer, CEO
Sun Country Health Region

Earl Kickley, Chair
Sun Country Regional Health Authority

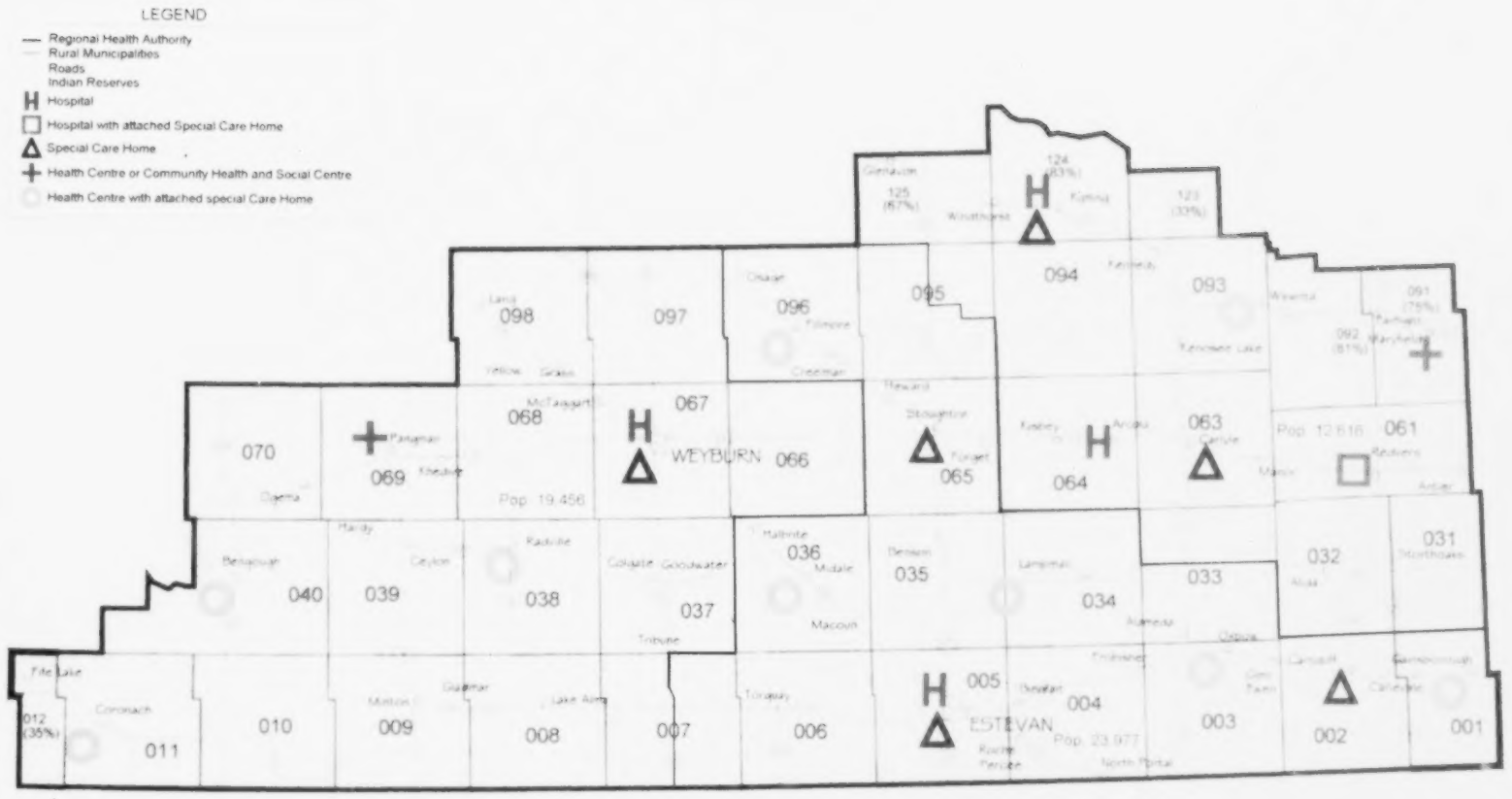
Sun Country Regional Health Authority

Back row, left to right:
Mr. Jack McFarlane - Carnduff
Mr. Alan Arthur - Redvers
Ms. Marguerite Gallaway - Estevan
Mr. Vern Palmer - Coronach
Mr. Maurice Koszman - Bengough

Front row, left to right:
Ms. Natalie Bieberdorf - Weyburn
Ms. Rita Dash - Kipling
Mr. Earl Kickley (Chair) - Lampman
Ms. Sharon Bauche (Vice Chair) - Antler
Ms. Darlene Standingready - Carlyle

Missing
Mr. Dave Kerr - Weyburn

Sun Country Regional Health Authority



Management Discussion and Analysis

Regional Profile

Strategic Direction

The goals and objectives of the Sun Country Health Region have been approved by the Regional Health Authority Board. They are congruent with the Goals and Objectives of the health system presented by Saskatchewan Health in the Performance Plan.

Goals & Objectives

1	**Sun Country Health Region** To provide health services that are reasonably accessible and available to all residents of the Region. **Provincial** Improved Access to Quality Health Care Services.
2	**Sun Country Health Region** To increase the awareness of the health services provided by the Region. **Provincial** Effective Health Care Promotion and Disease Prevention.
3	**Sun Country Health Region** To develop an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living. **Provincial** Retain, Recruit and Train Health Providers.
4	**Sun Country Health Region** To recruit, retain and develop the Region's human resources. **Provincial** A Sustainable, Efficient, Accountable and Quality Health System.
5	**Sun Country Health Region** To provide an effective and comprehensive range of health services.
6	**Sun Country Health Region** To be fiscally responsible.
7	**Sun Country Health Region** To ensure regular assessment of the services provided in the Region.

Mission

"TO PROMOTE HEALTH AND TO RESPOND TO THE NEEDS OF THE COMMUNITY"

Vision

"A HEALTHY COMMUNITY"

Value Statements:

- We value mutual respect, honesty and trust.
- We value openness with our community to create informed decision making.
- We value social and ethical responsibility and accountability.
- We value privacy, confidentiality and compassionate care.
- We value sense of ownership by those associated with the mission of the Regional Health Authority.
- We value our staff, physicians, and volunteers as our most valuable resource.

Governance and Organization

- **Roles and Responsibilities**
  The role of the Sun Country Regional Health Authority is to efficiently and effectively manage health care services within the boundaries of the Region. Within the Regional boundaries there are:

  9 - Health Centres with attached long-term care units
  2 - Health Centres
  5 - Special Care Homes
  1 - Seniors Housing Facility
  1 - District Hospital
  2 - Community Hospitals
  1 - Community Hospital with attached long-term care unit
  1 - Ten-bed Inpatient Mental Health Unit
  16 - EMS Stations - including:
    2 - Volunteer services
    1 – Volunteer contract service
    1 - Private contract service
  3 - Affiliates
    1 - Health Centre with attached Long-term Care unit
    1 - Special Care Home
    1 - District Hospital with attached Long-term Care unit

  In addition, the Region provides a complex array of community programs including:

  - Home Care
  - Community Mental Health
  - Health Promotion
  - Public Health
  - Public Health Inspection
  - Parenting Skills Education Programs
  - Acquired Brain Injury Programs
  - Community Dietitian Programs
  - Speech Language Pathology Services
  - Physiotherapy and Occupational Therapy
  - Medical Health Officer Services
  - Successful Mothers' Program
  - Adult Sex Offenders Program
  - Alternatives to Violence Programs
  - Community Palliative Care Services
  - Primary Health Care Services
  - Podiatry

- **Regional Health Authority & Committee Structure**
  The Sun Country Health Region is managed by the Sun Country Regional Health Authority. The Health Authority consists of 12 individuals from various communities within the Region who are appointed by the Minister of Health.

  The Health Authority has adopted the Carver Model of policy governance and administration. Governing Authorities are almost always forced to rely on others to carry out the work, to exercise most of the authority, and to fulfill most of the accountability. This model endeavours to ensure that the Board is accountable and that the organization fulfills its obligations.

  Committee Structure
  The Regional Health Authority Committees exist to assist in decision making to carry out their responsibilities. At present the Board has four (4) working committees: Strategic Planning and Needs Assessment, Finance, Education and Executive.

  The Strategic Planning and Needs Assessment Committee consists of Regional Health Authority Members, three (3) Senior Staff members, representatives from Staff, Management, Medical Staff, and Community and additional resource persons as needed. The purpose of this committee is to develop and evaluate the Strategic Plan of the Region. This plan will then guide the development of current and future services and programs.

  The Committee also identifies issues facing the Regional Health Authority and evaluates the resources, programs and capabilities as they relate to the Needs Assessment. The Committee makes recommendations for:
  1. establishing priorities for future capital expenditures and resources required to implement the Strategic Plan and develops key strategies for achieving its short and long term goals
  2. evaluating and prioritizing submissions for new or expanded programs, quality improvement issues/opportunities and risk management issues/opportunities.

  The Finance Committee consists of the Board Chairperson (ex-officio), other members appointed by the Board and the CEO. The Committee oversees the management of all funds, in accordance with Provincial guidelines and generally accepted accounting and auditing procedures, and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation. It provides advice and recommendations to the Board on a monthly basis and ensures that policies and procedures are established for financial matters.

  The Education Committee develops linkages between communities and the Health Authority to inform the public about public initiatives. This committee communicates the Region's vision, mission, goals and objectives as well as its role in meeting the needs of community residents, identifying issues affecting their communities and profiling the wellness philosophy of health care including health promotion and the prevention of illness, health maintenance.

- **Administrative Structure** (includes Organization Chart)
  The day-to-day operation of the organization is substantially in the hands of Management. It is important to the Health Authority that Management be successful. This requires the Board to be very clear about its expectations, and then to confirm that the expectations have been met. The Policy Governance Model promotes a single point of delegation through the Chief Executive Officer, and holds this position accountable for meeting all the expectations for the organization's performance.

  The Health Authority is responsible for making sure the organization functions effectively, in that it ensures the organization accomplishes the intended results for the intended people at the intended cost or priority.

Regional Health Authority

Health Advisory Networks

Committees of the Board

Affiliates

Lee Spencer
CEO

Dr. Vino Padayachee
Chief of Medical Staff

Betty Nault
Executive Assistant

Marga Cugnet
VP Primary & Integrated Health Care Services

Lloyd Searcy
VP Corporate & Financial Services

Janice Giroux
VP Community Programs

Don Ehman
VP Human Resources

Murray Goeres
Director of Facilities

Mark Pettitt
Regional Director of Strategic Planning, CQI & Communications

- **Public Transparency**
  Maintaining public transparency in the Region is a process that is ongoing. Significant achievements include:
  - Establishing a plan for disseminating information to staff members and community representatives about plans and direction for health care in the Region.
  - Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department. Included in this are initiatives such as the regular publication of a staff newsletter (Sun Country Chatter) and an SCHR community newsletter (The Regional Sun) that goes out to each household in the Region on an approximately quarterly basis.
  - Various presentations to both staff and community groups about the identity and services offered by the Sun Country Health Region.
  - The printing and making available of copies of the Annual Report.
  - Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.
  - Board meetings that are open to the public, as well as making copies of information from the Board Meetings available to interested community groups and staff members.
  - Professional initiatives such as Accreditation by the Canadian Council of Health Services Accreditation, Ottawa.
  - Holding public meetings in various parts of the Region to report on programs/services and seeking community input.

- **Community Advisory Networks** (includes Organizational Chart)
  Sun Country Health Region has continued its efforts to establish community advisory networks. These Networks can be important groups in communicating recommendations on services and health care needs that are important to their individual areas, and in providing an easy way to communicate SCHR information back to the community.

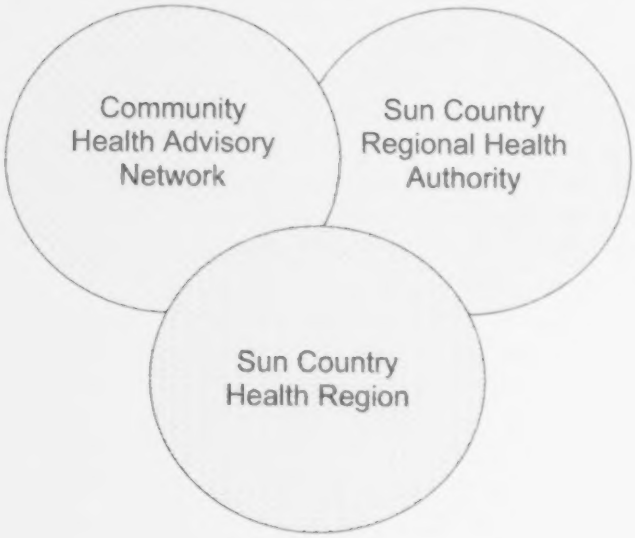
  The Sun Country Health Region has two established Community Advisory Networks for the following areas:
  1. Pangman, Ogema, Radville, Bengough, Coronach and surrounding communities.
  2. Redvers, Wawota, Gainsborough, Arcola, Kipling, Carnduff, Carlyle and surrounding communities.

  Unfortunately, these Networks are not very active in providing the type of information that is needed for their areas or in discussing the type of, and quality of, services in their area.

  The purpose of the Community Advisory Networks is to promote active citizen participation, to focus on healthy community planning, to promote participation and collaboration with decision making. These networks also help, at the local level, to identify and assess issues and opportunities in the community that relate to promotion of health, to delivery of health services, and to provide advice to the Region respecting provision of appropriate health care services.

Members are recommended by community leaders and affirmed by the Regional Health Authority. Network meetings will be co-chaired by a Network member and a Health Authority Board member.

Much work remains to be done in this important area. In the Sun Country Health Region, lack of definition as to the purpose and power of these Networks, as well as the issue of remuneration, appear to be factors in the Networks' lack of appeal to Sun Country Health Region residents. These factors also appear to be present in other Saskatchewan Health Care Regions.



Health Care Organizations and Other Third Party Relationships

Improved collaboration and sharing with our inter-sectoral partners has provided the Region with an opportunity for new and strengthened relationships with families, and our partners.

- The SCHR is a member of the **Southeast Regional Inter-sectoral Committee** (RIC). This committee works together in partnership to enhance the well-being of children, youth and families through cooperation and collaboration, building on the strengths and resources of partners and communities. The committee defines priority action areas and develops collaborative processes for the integration of human services. This committee has facilitated strategies to address barriers to collaboration and integration at the regional and community level. An example of partnerships include collaboration with the **Child Action Plan Committees**. These committees are supported through this forum to respond to the needs of children and their families, to identify community needs, and develop action plans in response to those needs. This group of community partners has made valuable contributions to their community and has made communities a better place to live, helping to ensure that children have opportunities to grow and develop to their maximum potential.

- The region works in collaboration with the **Provincial School Plus** initiative which brings a broad range of partners together and builds upon a set of principles and existing strengths. The School Plus Strategy engages communities, families, individuals and the human service sectors in supporting and sharing responsibility for the well-being and education of children in school. It is an established structure that engages the Health Region, its partners, community leaders, and stakeholders in the issues of keeping kids in school, preventing drop-outs, meeting the needs of young mothers, and identifying issues related to bullying.

- SCHR supports shared services contracts that provide support to kids and families such as the **School Based Family Counselling Program** and the **Social Skills Program** that work with regional professionals such as public health nurses, addictions counselors, mental health staff, speech language pathologists and health promotion staff.

- SCHR is a member of the **Community Services Management Team** which works to create a mechanism to facilitate integrated planning and service delivery. This partnership has provided shared decision making and shared resources such as planning for the successful goals of the Population Health Promotion Plan. This forum has worked to establish structures and mechanisms to engage partners, community leaders, stakeholders and individuals in planning and shared responsibility. These partnerships continue to create and enhance opportunities for sharing information regarding services and achieving goals and objectives of the Regional Strategic Planning principles.

- We value our partnerships with health care organizations such as the **Canadian Mental Health Association** (CMHA). The CMHA works as a valuable partner with the region to provide programs that complement, enhance, and support the Region in providing mental health services.

- The Sun Country Health Region has an excellent working relationship with **non-Regional ambulance services**. At present, we work in partnership with one contract service, Supreme Ambulance in Carlyle, one volunteer service in Stoughton and one in Fillmore. These groups, though independent, follow the same policies and procedures as our Regional services. We work together to ensure competent, reliable emergency services to our communities.

  Accountability is managed through budget submissions, regular fiscal reporting and an annual audited financial report. Meetings are held on a regular basis to discuss the vision of the emergency medical services program, resolve issues and plan how we can continue to improve client care.

Regional Environmental Scan

Population Profile & Characteristics

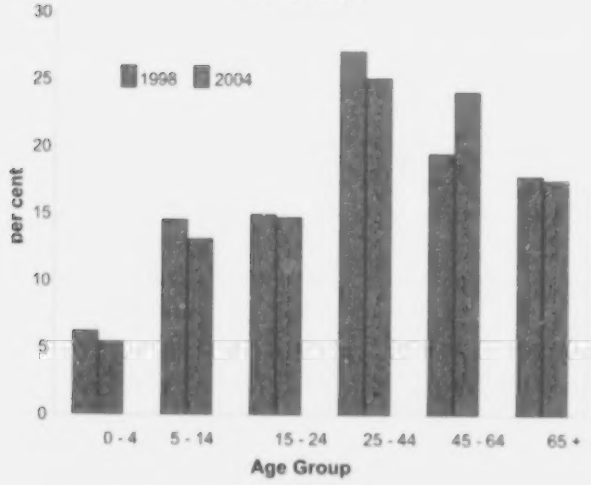
In the Sun Country Health Region there were approximately 54,255 people in 2004 which is about 5.3% of the total provincial population.

Sun Country Health Region	54,255
Saskatchewan	1,018,057

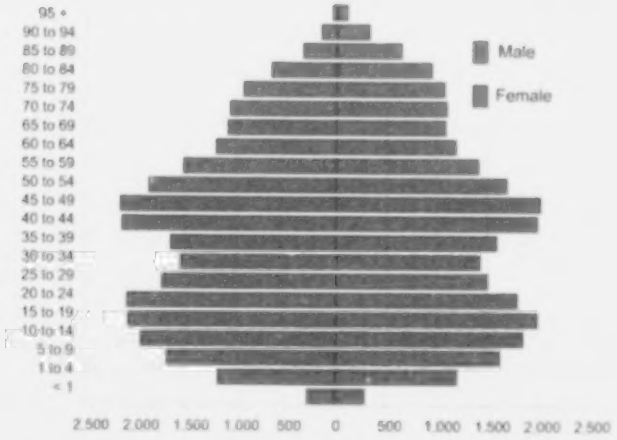
Main Demographic Factors that Affect Health Services Delivery:

1. **The population is older than the provincial average – especially among women and continues to age.**
   - 17.5% of residents are over age 65; higher than 14.5% in the province.
   - 26.1% of residents are under age 20; lower than 27.7% in the province.
   - Approximately 20% of female residents are over 65 years, compared with 16% in the province.
   - In 1998, approximately 37% of the Region's population was 45 years and older and by 2004, 41.6% of the population was 45 years and older. As well, in 1998, approximately 21% of the Region's population was under the age of 15 years and by 2004, this decreased to 18.6%.

Sun Country Health Region
Population by Age Group
1998 and 2004

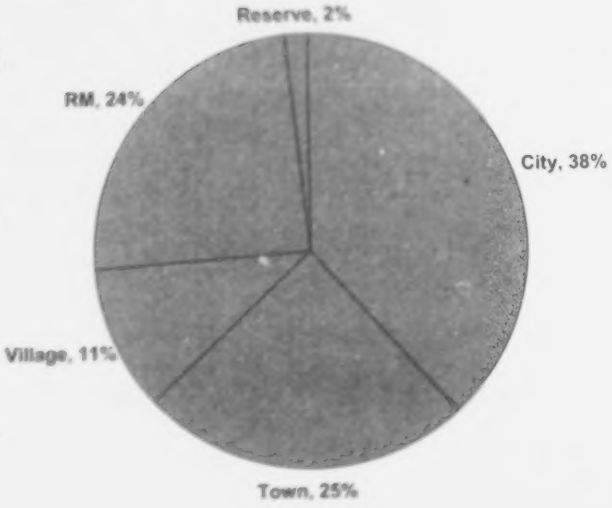


Population Pyramid, by Age and Sex, 2004

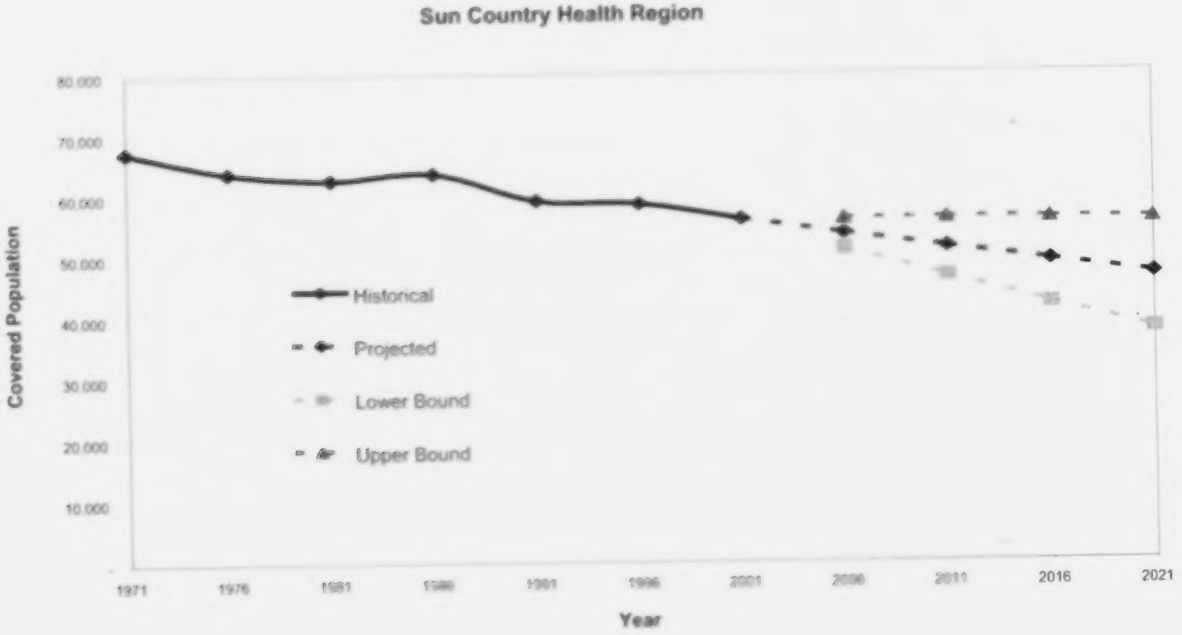


2. **The population is primarily rural:**
   - 60% live primarily in towns, villages, and rural municipalities; outside the two cities.
   - However, the population is increasingly moving into the two cities, Weyburn and Estevan.
     - 1982 – 30%
     - 2004 – 38%

     This continues to be lower than Saskatchewan where 54% of residents live in urban centres. (2004 Covered Population)



3. **The population is decreasing – a trend likely to continue in the future:**
   - Between 1996 and 2001 Census periods, the population decreased by 6.6%, compared to the net provincial decrease of 1.1%.
     - Between 1993 and 2002 the general fertility rate decreased from 45.1 to 37.9.
     - Since 1999 Sun Country has been experiencing a natural population decrease (births minus deaths) and net emigration, rather than immigration.
   - According to projections, the population will decrease by 16.6% between 2001 and 2021 (with upper and lower bounds of -0.4% and -32.7%, respectively).
   - Most dramatic decreases will occur in the 10 to 25 age group, as well as the 40 to 60 age group.



Non-Medical Determinants of Health

The Determinants of Health allow us to understand and act upon all of the elements which can affect our well being. By developing programs and policies which incorporate all of the determinants, we can benefit every member of our community.

1. INCOME AND SOCIAL STATUS

Average Earnings

- There is a significant difference of 11.5% in the average personal income levels of women living in Sun Country ($17,862) compared to the higher provincial average ($20,185). The difference in personal income between men and women is significant in both Sun Country and the province. Within the Region, this difference is approximately $13,000 or 42%.
- Despite intra-regional differences in median family income, Sun Country experiences a lower incidence of low income families than the province (11.8%).

2. EDUCATION

Level of Education

- The proportion of the Region's residents with at least some post-secondary education (47%) continues to be lower than that for the province (54%). The difference is most apparent with respect to those individuals with a university degree – approximately 7% for the Region, compared to 12.3% for the province.

3. EMPLOYMENT

Unemployment Rate / Income

- In 2001, the unemployment rate in the Region was 3.4%, compared to 6.3% for the province. At the sub-regional level, unemployment is lowest in the Estevan area - 2.2%.

Industry

- Agriculture continues to dominate economic activity in the Region - approximately 24% of the labour force in 2001 cited agriculture as their primary economic activity. Mining and oil and gas extraction is the second-largest labour force industry in the Region – utilizing approximately 11% of the labour force.

4. PHYSICAL ENVIRONMENT

Housing

- The average monthly payment for rented dwellings is $460, with a range of $100-$836.
- The average value of dwellings is $75,747, with a range of $6,870-$143,128.

Indoor Air Quality

The amended Tobacco Control Act came into force January 1, 2005. This will reduce the hazards of second hand smoke in all enclosed public places.

- Approximately 12% report being exposed to second-hand smoke at home, 16% in vehicles, and 25.4% in public places. This is higher than Saskatchewan as a whole in all three areas.

Drinking Water Quality

The *Health Hazard Regulations* expanded the definition of public water supplies and Public Health Inspectors have been identifying and inspecting water supplies previously not subject to regulation. This caused the number of regulated facilities to rise from 107 in 2003 to 122 in early 2004. There were no reported cases of water-borne illness in the Region in 2004.

5. SOCIAL ENVIRONMENT

- Sun Country has a smaller proportion of single (26.2%), separated (2.0%) and divorced (4.9%) residents than the province of Saskatchewan [31.6%, 2.5% and 7.5%, respectively]. However, there are proportionately more married (57.9%) and widowed (9.0%) individuals [Saskatchewan: 52.4% and 6.1%, respectively].
- A smaller percentage (5.7%) of Sun Country residents report living in common-law relationships, compared to the province (6.4%).
- The Region has a significantly lower proportion of single-parent families than either the provincial or national rates – 9% in 2001, compared to 15.8% for Saskatchewan.
- Approximately 34% of the Region's seniors live alone, very close to the provincial ratio of 33.5%.

6. PERSONAL HEALTH PRACTICES

Health behaviors are valuable indicators of future health status. Chronic health conditions such as heart disease, cancer, diabetes, high blood pressure and arthritis are partly determined by personal health behaviors such as diet, exercise, smoking and exposure to second-hand smoke.

Tobacco

Tobacco use is the leading cause of preventable illness and death in Canada. It contributes to a range of health problems, including chronic lung disease, heart disease, stroke, and cancer of the lungs. Tobacco use is more common in groups with lower socioeconomic status as well as those with chronic physical and mental health conditions. In the Sun Country Health Region, 23.7% of individuals 12 years of age and over are currently daily or occasional smokers. This is comparable to the provincial rate of 23.8%.

- In general, most people who initiate smoking begin at a young age. This is evident and consistent throughout Canada. For current or former smokers the highest age group for smoking initiation was 15 to 19 years of age.

Physical Activity

Regular physical activity provides many health benefits including reduced risk of type 2 diabetes, certain cancers, osteoporosis, obesity, and heart disease. Physically active individuals are also less likely to be stressed and depressed.

- In 2003, approximately 53% of the population aged 12 and over is considered to be physically inactive. This is among the highest in the province and explains, in part, the higher regional overweight/obesity rates.

Dietary Practices

- Canada's Food Guide recommends 5 to 10 servings of fruits and vegetables per day. Approximately 60% of Sun Country's residents consume less than 5 servings of vegetables and fruit per day.

Health Status

Health status measures for the Region suggest a comparatively healthy population. However, there are some exceptions, notably as related to our unique population demographics (aging and rural population).

1. MORTALITY (Death and Causes)

Major Causes of Mortality

- Between 1993 and 2002, the leading causes of death for Sun Country residents were Coronary Heart Disease, Cerebrovascular Diseases, Lung Cancer, Pneumonia, Prostate Cancer and Chronic Obstructive Pulmonary Disease.

Life Expectancy

In 2001, in Sun Country, life expectancy at birth for women was 81.2 years, compared to 76.8 years for men.

2. MORBIDITY AND CHRONIC CONDITIONS

Asthma

- In 1993/94, hospitalization rates for asthma for regional residents were almost twice those for provincial residents. By 2001/02, improvements were noted as the regional and provincial rates were almost equal.

Injuries

- Accidental falls comprised a large percentage of injury hospitalizations for all Sun Country residents, in all age groups – especially women (35%) and seniors (40%). In 2002/03, 52% of accidental falls by regional seniors occurred at home and were the result of "slipping, tripping, or stumbling". The fall hospitalization rate (per 1,000) for males aged 65 years and over was 20.2, compared to 13.4 for the province. The rate for females aged 65 years and over was 31.8, compared to 25.1 for the province.
- For the past 10 years, injuries have been a leading cause of hospitalization for children and youth (0-19 years). In 2002/03, the injury rate (per 1,000) for male youth was 13.1 and for female youth was 8.4, which were slightly higher than the provincial rates.

Diabetes

- In Sun Country, 5.1% of the population surveyed report that they have diabetes. This does not differ significantly from the provincial rate.
- Between 1996/97 and 2001/02, the age-sex standardized rate (per 1,000) increased from 25.7 to 36.2. This was the fourth lowest in the province in 2000/01.

Cancer

For cancer causes of death and cancer incidence (the number of new cases), a five-year period 1998-2002 was used to avoid having small numbers that would result from reporting on only one year.

- In Sun Country, breast cancer is the most common cancer death among females, accounting for 16.4% of cancer deaths. This was followed closely by lung (15.7%). Colorectal cancer was the remaining site in the top three.
- Lung cancer is the most common cancer death among males, accounting for 27.4% of all cancer deaths. Prostate and colorectal round out the top three sites.

3. FAMILY HEALTH

Teen Pregnancy

The Teenage Pregnancy Rate (TPR) in the Region continues to be significantly lower than that for the province. The 2002 TPR (per 1,000) for Sun Country was 9.2, while the provincial rate was 14.6.

Infant Mortality

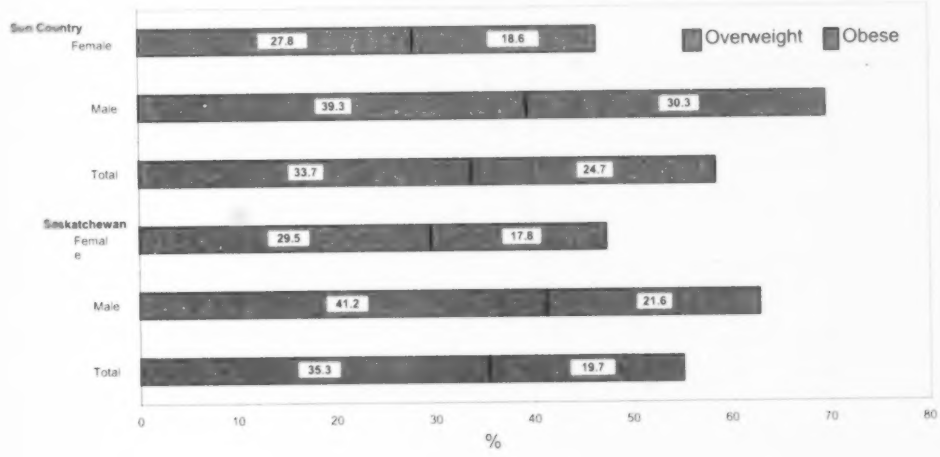
The infant mortality rate (IMR) is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices. Typically, the IMR for Sun Country has compared favourably with provincial rates. Between 1998 and 2002, the 5 year IMR average (per 1,000) was 5.08, compared to 6.24 for the province.

4. OBESITY AND BODY MASS INDEX (BMI)

Obesity is a major risk factor for several chronic conditions such as type 2 diabetes, heart disease, and certain cancers. It is also linked to poor mental health, including depression.

- Body Mass Index (BMI), calculated as a portion of weight to height, is used to determine whether individuals are considered overweight (BMI 25 to 29.9) or obese (BMI 30+).
- In 2003, approximately 34% of the population aged 18 and over in Sun Country was considered overweight, slightly less but not a statistically significant difference from the provincial average of 35.3%.
- An additional 25% of the Sun Country Health Region's population is considered obese. This is considerably higher than the provincial and national rates of obesity at 19.7% and 14.9% respectively.

Body Mass Index - 2003



Major Initiatives and Accomplishments

- ***Population Health Promotion Action Plan***
  On September 1, 2004 a regional consultation workshop was held to plan, develop and write the Population Health Promotion Action Plan. The Region was able to connect with a number of community partners and understand their issues and priorities.

  The Health Promotion Action Plan for Sun Country Health Region focuses on collective action, community-based initiatives and evidence-based decision making. By involving community partners at all stages of development and implementation, we have reflected community priorities and have given our partners an active role in the process. With this we feel we have a strong framework from which we are currently building a comprehensive set of task groups, coordinated by the Region's Community Development Facilitator, to address/implement all of the activities outlined in the plan.

  In addition to addressing primary prevention, the Population Health Action Plan is a skill-building tool for both health providers and community partners who are currently working together to address the priority issues. The task groups' priority issues fall into four defined categories which include:
  - decreased substance use and abuse
  - mental well being
  - active communities
  - accessible nutritious foods

  Community engagement will continue to be part of the plan as key opportunities arise in the development of School Plus, the Regional Inter-sectoral Committee and the South East Community Services Management Team.

- ***Move to Tatagwa View***
  2004/05 was a landmark year for the Sun Country Health Region with the move from the Souris Valley Extended Care Centre into the Tatagwa View Long-term Care Facility and Region Head Office.

  Aerial picture of Tatagwa View courtesy of Weyburn This Week

  Planning began in 1996 for the construction of a new long-term care facility to replace the Souris Valley Extended Care Centre, which was constructed in 1921. Over the ensuing years, staff worked on a design for the building which centred upon the Eden Philosophy. A design was developed that provided a more "homelike" environment for the residents and included resident bedrooms, a kitchen, living room, dining room, and family room as part of a house concept.
  Construction began in July of 2003 and the building was occupied in February of 2005.

  Tatagwa View is a multi-faceted building which integrates long-term care, acute care mental health and regional support services in a single building. The 123 resident rooms are

clustered in houses of 11 or 12 residents. The 10 acute in-patient mental health beds are located in a separate house which were relocated from a stand-alone facility. The relocation and integration of the inpatient mental health unit to Tatagwa View has been appreciated and will contribute significantly to decreasing the stigma attached to mental illness and the old psychiatric-institution-segregated approach to care. The building also includes the Regional Head Office for Sun Country as well as a regional therapies department, regional laundry, and regional materials management distribution centre.

The move to Tatagwa View required a high level of coordination involving the movement of residents, staff and equipment. It also required the preparation of the building prior to the move while maintaining existing services at Souris Valley. The move was completed without major incident, which is a testament to the dedication and fine work of the staff involved in the move.

- ***Integration of Institutional Laundry Services***
  In early January of 2005, the integration of institutional laundry services in Weyburn began. Routes were developed for the collection and delivery of laundry to facilities, utilizing an exchange cart system. This is a system in which laundry is loaded onto carts in Weyburn, and then transported to the building site where it remains on the cart as an inventory point. When a fresh laundry cart is received, the old cart is returned for reuse.

- ***Injury Prevention Sub-Committee***
  The Falls Prevention Subcommittee has joined the Fall Prevention Consortium (a provincial collaboration of six health regions) and has successfully applied for Health Quality Council Innovation Funding (with two other health regions) to implement a ***Falls Prevention Awareness Campaign***.

  The injury prevention subcommittee has broken into four topic areas: Motor-Vehicle Traffic Accidents, Falls Prevention, Rural Health and Safety and Workplace Health and Safety. Each of these "task groups" has completed work plans, including outcome indicators, and will be working toward implementing the activities outlined.

  The task groups will continue to identify the key issues in injuries that need to be addressed in Sun Country Health Region. The Region also promotes current evidence-based best practices in injury prevention and acts upon strategies to ensure uptake of this practice. In addition, the Region will develop appropriate performance indicators for injury prevention and advice; act upon and communicate to respective stakeholders the best methods of reducing the incidence of injury of the residents.

- ***Diabetes Reduction Initiatives***
  The Provincial Plan for the control of diabetes introduces a team approach to diabetes management for the provision of diabetes education, care and treatment, recognizing that the person with diabetes is responsible for self-management of the disease. The Sun Country Health Regional Diabetes Program has initiated monitoring the number of A1C tests completed for Diabetes residents with aligns with national standards.

- *Diabetic Nurse Education*
  The Diabetic Nurse Educator visits residents in the rural areas of the region to visit either newly diagnosed clients, or those who had not seen a diabetic nurse before, and to provide follow-up visits. The Diabetic Nurse educates the staff and the public throughout the region. This year, the Region is putting emphasis on providing advanced diabetic skills and knowledge to other nurses in the region.

- *Sun Country Health Region Diabetic Community Project Funding*
  Nine communities within the region applied for Sun Country Health Region Diabetic Community Project funding. This initiative addressed priority areas of physical activity and /or eating healthy foods to reduce the risk conditions that contribute to the development of diabetes; creating social and physical environments that make it easier to make healthier choices; and enhancing the ability of individuals, families and the communities to take action.

  Those projects which were successful in obtaining funding addressed physical activity and/or nutrition; were initiated by a community group with the potential of forming partnerships; focused on prevention rather than treatment; encouraged community involvement in developing a project; addressed groups of people rather than individuals; planned for continuation of the project beyond the funding period; or showed how the community will take action using several possible approaches. These approaches included strengthening community action by helping community groups develop needed skills, build effective partnerships, and evaluating mistakes.

- ***Body Walk Project***
  The Sun Country Health Region received grant funding in 2004 from the Regional Inter-sectoral Committee to address nutrition and physical activity at the school level.

  A needs assessment was conducted with schools in the Region to gain feedback on possible initiatives that would support education on nutrition choices and physical activity. Based on feedback from the needs assessment, the Region is developing a project called *BODY WALK*.

  BODY WALK is an interactive educational event which helps children learn about the body's functions and about maintaining good health. The focus of *BODY WALK* is on healthy eating and physical activity, including prevention of chronic diseases such as diabetes and coronary heart disease. Sections on personal safety, emotions and decision-making, dental health, and smoking will also be included to address the importance of overall well-being. This project targets students in Grades 3-6, but is easily adaptable to other grades. The *BODY WALK* project will be available for loan to all elementary schools in the region.

  The Region has also begun the marketing plan, developed in conjunction with school division staff, to maximize the success of this initiative. It is anticipated the initiative will improve students' awareness of healthy eating habits and daily physical activity. It will also help to engage the community in improving the health of children.

- ***Tobacco Enforcement Officers***
  The Minister of Health designated the Sun Country Health Region's Public Health Inspectors as Tobacco Enforcement Officers with the mandate to enforce the Tobacco Control Act. The Sun Country Health Region strongly supports the philosophy of the Tobacco Control Act to de-normalize tobacco use. This legislation is a key strategy in supporting public health.

  Inspectors provide the highest degree of surveillance, education and enforcement within the current mandate. This continues to be an ongoing process to educate and inform both public and public places of the Tobacco Control Act. This education is also intended to ensure that owners and operators in the Region know the law and can work with their staff and patrons to make their establishments compliant.

  Indicators show a high degree of compliance and we continue to receive positive responses from the public. The Tobacco Reduction Committee continues to work with partners and stakeholders to achieve best practices for guarding against the dangers of secondhand smoke and to eliminate exposure.

- ***Education***
  Education sessions were implemented in the areas of Representative Work Force, Dispute Resolution, Occupational Health & Safety Training, Harassment Awareness and Prevention, Quality Workplace, Disaster Planning/Emergency Preparedness, Management Development and others. A Home Health Aide orientation innovation was implemented to ensure a consistent high standard of quality care.

- ***Pandemic Planning Committee***
  Experts regard pandemic influenza as one of the most significant public health emergencies. Although the timing of a pandemic cannot be predicted, the goal of pandemic influenza preparedness and response is to reduce the morbidity, mortality and social disruption that would occur during a pandemic. Using an estimated attack rate of 25 per cent, the impact of an influenza pandemic on Sun Country Region may result in between 8,100 to 19,000 people becoming clinically ill with influenza.

  The Sun Country Health Region pandemic influenza preparedness plan is being developed and coordinated through the Pandemic Planning Committee. This committee has broad representation from a number of sectors including infection control, urban and rural municipalities, First Nations & Inuit Health Branch, Public Health, etc. Each agency has its own planning responsibilities and will contribute to the final Regional plan which is expected to be completed early in 2006.

  Planning to date has focused on the public health components (planning for mass campaigns and the ongoing delivery of the annual influenza and pneumococcal immunization programs and occupational immunization program) and the provision of essential services in the urban municipalities. Preliminary planning for the health care facility plans is underway and will be expanded. This will include plans for stockpiles of supplies and the management of antiviral medications. Human resource planning will be a significant component of the facility planning.

- **Long-term Care Placement Process**
  The Sun Country Regional Health Authority (RHA) established a long-term care application, assessment, and placement process. The process considers an individual's quality of life, independence, physical and mental well-being and access to health services and family support. The method incorporates best practice principles and encourages staff to use their clinical, professional judgement during the assessment and placement process.

  The procedure begins with a single point of entry, which means the applicant contacts and obtains information from one person – a Home Care Case Manager/assessor or Manager of Health Services in the community. When a long-term placement request is received, the following process is followed:

  1. The Case Manager assists the client and family to complete the necessary paperwork. It includes an application form, a detailed provincial assessment tool (Saskatchewan Client Information Profile) and a physician medical assessment.

  2. The Case Manager or Home Care Assessor submits the completed forms to one of five Screening & Referral Committees (SRCs) in the RHA.

  3. Using a standardized *Rating Tool Guideline* and related work sheets, the Committee reviews the applicant's information and determines how best to meet their care needs.

  4. If the client qualifies for long-term placement, their name and preferred location is added to the **Regional Long-term Care Placement Wait List** according their care needs. Clients on the wait list are offered a permanent bed within 100 kilometers of their home community, and a client with the greatest care need is offered the bed first. *During the placement process, the client is required to make a maximum of one move.*
     - If the client refuses the permanent bed offer, they must make arrangements to have their care needs met in a private care home or at home with the assistance from family and community services.
     - The client's name is then added to the **Regional Long-term Care Transfer Wait List** for their preferred location.

  5. If the applicant is occupying an acute care bed and their name has been added to the **Regional Long-term Care Placement Wait List**, they are encouraged to accept a non-preferred, permanent, long-term bed within 100 km of their home community, so that health services and resources are utilized appropriately.
     - If the applicant refuses the offer and remains in an acute care bed, they are charged for services at the "uninsured acute care daily rate".
     - If the applicant accepts the non-preferred long-term bed or is discharged home with family and community support or uses the services of a private care home to meet their care needs, their name is moved to the **Regional Long-term Care Transfer Wait List**, in chronological order, to await placement in their preferred location.

  6. The applicant at the top of the **Long-term Care Transfer Wait List** for their preferred location is offered the next available, permanent, long-term bed in that facility.
     - If they decline the bed, the applicant remains in the non-preferred location and their name is removed from the **Regional Long-term Care Transfer Wait List**.
     - At a later date if the applicant wants to move to another location, they can re-apply.

- ***Recruitment***
  Recruitment for difficult to fill positions has been successful including: registered nurses, physical therapists, licensed practical nurses, combined lab/x-ray technicians, emergency medical personnel, speech language pathologist, social worker and a pharmacist. With the assistance of medical staff, physicians have been recruited for areas/clinics that include: Redvers (immigration in progress), Coronach (immigration in progress), and Carlyle.

- ***Joint Job Evaluation Letter of Agreement***
  Following the signing of a Provincial Letter of Agreement with Unions representing support workers on the provincial Joint Job Evaluation program, roll-out and implementation continues. Joint Job Evaluation results, including reconsideration, have significant impact (includes revised wage rates, grand-fathering provisions and establishment of job descriptions) on support staff and, as a result, the Region has required a considerable amount of:
  - communication with staff regarding the status of their job description(s) and wage rates;
  - coordination with CUPE, the Union which represents support workers in the Region;
  - changes related to the re-mapping of staff data on the new payroll system.

- ***Payroll System***
  The Region has successfully planned for the implementation of an enhanced SAHO payroll system. The enhanced system will provide better on-line access to real-time events plus improved historical reporting. The reporting capabilities will allow us to better track key indicators.

- ***Staffing Requirements Letter of Understanding***
  Together with CUPE, the Region implemented a Letter of Understanding, which began development in 2000 and was signed in March of 2002, that addresses staffing requirements for Tatagwa View – the new long-term care facility.

- ***Human Resource Plan***
  A comprehensive Human Resource Plan was developed to serve as a guide for future actions such as recruitment of difficult-to-fill positions (such as Physicians, Registered Nurses and Physical Therapists); creating a healthy and safe workplace; and aboriginal workplace readiness training.

- ***Occupational Health & Safety Programs***
  Aggressive OH&S programs have been established to best enable staff to work safely. These include initiatives on policy development, harassment awareness training and in-services, and establishing workplace committees with staff representatives.

  Disability management procedures have also been developed and implemented to ensure injured staff return to work in the most mutually beneficial time and manner. The Human Resources Department works closely with the injured staff member, the medical services

team and the respective union to properly plan a return to work or accommodation for the employee.

- ***New Vaccines for Pre-school and School Age Immunization Program***
  Since the fall of 2004, three new vaccines have been added to the publicly-funded provincial immunization program. The three vaccines include meningococcal, varicella (chickenpox), and pneumococcal vaccines.

  The first vaccine, Meningococcal C (meningitis) was introduced October 1, 2004 for children 12 months of age and students in Grade 6. For the first three years of the program, 4-year-old children will also be immunized. This vaccine prevents bloodstream and meningitis infections.

  In January, 2005 the Varicella vaccine was introduced for 12-month-old infants who have not had chickenpox and for children in Grade 6 who have not had chickenpox or received the vaccine. This vaccine prevents chickenpox and its complications.

  Starting in April, 2005 pneumococcal vaccine was introduced to 2-month-old infants with follow-up doses at 4 months, 6 months, and a booster at 18 months. This vaccine prevents infections from pneumococcal bacteria that can cause bloodstream and middle ear infections, meningitis, and pneumonia.

  These new vaccines are primarily delivered by Public Health Nurses and will be given to children in the target age groups at the same time as current routine vaccinations. Immunization is one of the most important and cost-effective ways to prevent disease. Adding these new vaccines is a positive step toward promoting the health of our children and families.

- **West Nile Virus Monitoring**
  There was very little West Nile Virus activity in 2004 because the unusually cool summer minimized the proliferation of mosquitoes. Throughout the summer the Sun Country Health Region Public Health Inspectors worked with SaskHealth to coordinate the weekly collection of mosquito samples from traps located in Weyburn, Estevan, Coronach, Bengough and Stoughton. A presentation on West Nile Virus was made to several community groups. Public Health Inspectors also distributed pamphlets and posters. There were 2 cases of West Nile Virus in the Region.

  The West Nile Virus program for 2005 will be similar to 2004 except the Stoughton sampling station will be moved to Oxbow. We will continue to monitor mosquitoes, educate the public on prevention measures and follow up all reported human cases of West Nile Virus.

- **Home Care Survey**
  In Home Care a survey was completed which revealed that access and response times for services are timely, appropriate and meet standards.

Progress and Results

- ***Key Performance Drivers***
  The regional departments established at the time of the amalgamation of the three prior districts to provide for the management and coordination of support services (including nursing, health records, laboratory services, therapy, diagnostic imaging, pharmacy, emergency medical services, laundry, housekeeping, and physical plant and maintenance) continued to work on standardizing policies and procedures to ensure consistent service delivery across the Region.

  In times of rapid change, increased threats to the health of the public, and financial restraints, the quality management process, planning and guidelines become even more essential. The Region has made considerable progress in its focus on quality improvement and putting in place guidelines and standards (e.g. infection control) that help ensure both excellent care and protection of patient, residents, and the community.

- ***Current Financing Arrangements***
  - The Region did not utilize the line of credit that has been established at the Estevan Credit Union.

- ***Analysis of Variances***
  - 2004/05 was a successful year financially for the Region as it posted a surplus of approximately $6,012 on expenditures of approximately $93,414,862 while maintaining a high level of quality care to its clients. The Region successfully managed its cash flow within the $1.0 million line of credit established under the Regional Health Authorities Act.

  - Revenue from Saskatchewan Health increased slightly over budget by 1.2% ($978,007) which is not a significant variance. This was supplemented by a significant increase in Operating Donation revenue of $424,303 due to activities surrounding the construction of Tatagwa View and is difficult to project.

  - Investment Revenue was significantly higher than budgeted, $61,983 or a variance of 61.3% due to a later than expected start date for the Tatagwa View facility.

  - Expenditures for the fiscal year were approximately $93,414,862 and closely matched revenues.

  - Information Technology Contracts & Licenses were over budget by $88,361 or 36.1% due to the acquisition of automated programs for budgeting and Nutrition Services.

  - Rent/Lease/Purchase was over budget by $620,984 or 119.2% due to the purchase of electric beds for a number of facilities throughout the region.

  - Repairs and Maintenance were slightly over budget by $57,575 or 4.7% due to minor renovations.

  - Regional utilities were over budget by 20.8% or $377,838 primarily due to a delay in moving into Tatagwa View and the requirement to provide utilities to both Tatagwa View and the Souris Valley Extended Care Centre for two additional months.

Organizational Effectiveness

- ***Measurements for Quality***
  - This year, a total of 152 concerns were received compared to 124 last year. This represents an increase of 23% over last year. The main reason for the increase is that we now report calls that request information about health care services. There were 134 client contacts. The number of client concerns is higher than the number of contacts, as some clients expressed more than one significant concern.

  - The average turnaround time to resolve all concerns is 9.9 days. 91% of the concerns were resolved in less than 30 days. The remaining 9% of the concerns took over 30 days to resolve, with the average turnaround time of 53 days. These are typically complex concerns that require input from other disciplines and often other Regions.

  - We have not participated in an Accreditation Survey since the Region was formed. All survey results are from the three former Health Districts. There were recommendations from the Canadian Council on Health Services Accreditation (CCHSA) made to the former Districts that the Region was required to address. Sun Country Health Region responded to the recommendations and reported the progress to the CCHSA. The Region met all of the requirements and was awarded full Accreditation status.

- ***Measurements for Human Resources***
  - A measure that partly defines the organization's effectiveness is the number of sick hours per full time equivalent (FTE) by union affiliation. Please note that FTE is a measure used when an employee works the maximum annual hours of work without overtime applying. For example, for support workers guided by the CUPE /SAHO Collective Agreement, the applicable annual hours of work for a full time worker is 1944 hours per year. Similarly, it is 1948.8 annual hours for those under the professional staff under the HSAS/SAHO Collective Agreement.

    Statistics indicate that the amount of sick leave utilized by all employees, for the financial period April 1 2004 to March 31, 2005, was 87.62 hours per FTE per year.

    This number is further broken down to include union affiliation. These are as follows:
    - 93.63 hours (per FTE per year) for those staff who work under the terms of the CUPE/SAHO Collective Agreement; and
    - 88.07 hours (per FTE per year) for those staff who work under the terms of the SUN/SAHO Collective Agreement; and
    - 58.00 hours (per FTE per year) for those staff who work under the terms of the HSAS/SAHO Collective Agreement; and
    - 45.45 hours per FTE per year for those staff who are out of scope of a union.

Program-Specific Expectations

- ***Community Care Indicators***
  - **Alcohol and Drug Outpatient Treatment Completion**
    Treatment completion rates are a good indicator of successful and appropriate treatment. They are also an indication of appropriate and supportive community resources. In the Sun Country Health Region, approximately 39.9% of alcohol and drug outpatients successfully complete treatment. This compares to 58.4% for the province. One of the contributors to this could be the enhanced focus on addiction services within the region and with our partners. Educational opportunities are provided for staff and residents pertaining to substance abuse. The commitment to collaborate with internal and external partners contributes to successful outcomes in alcohol and drug outpatient treatment completion.

- ***Population Health Indicators***
  - **Chlamydia Rates**
    Chlamydia case rates are an indicator of high risk, unprotected sexual activity. The information may be linked to the effectiveness of public health messages on disease prevention, harm reduction and adequate treatment of cases and follow-up. In 2003, Chlamydia rates (per 100,000) for both women (115.0) and men (95.4) are well below the provincial rates and are among the lowest in the province. This would reflect, in part, the older population of the region, which is less likely to engage in high-risk sexual activity.

  - **Influenza Immunization for Older Adults**
    Influenza, particularly in older adults, is both debilitating and potentially life-threatening. Immunization against influenza is a very effective way of reducing both its incidence and impact. This is particularly important in the Sun Country Health Region as we have an "older" population (see environmental scan).
    - In comparison to the 2002-03 data, there was a 12.8% increase in the overall number of at-risk individuals immunized in the Region this year.
    - In 2003/04, the coverage rate for the population 65 years and older was 68%, an increase of 7% from the previous year.
    - Of the total number of at-risk individuals immunized, 20.8% were under the age of 65 years. This reflects a 5.5% increase over last year.
    - 92.2% of residents and 61.5% of staff employed in Special Care Homes received flu vaccine.

Challenges and Future Directions

Sun Country will continue to build meaningful working relationships with community partners in order to enhance, rather than duplicate, initiatives and programs. This is especially true of those activities outlined in the population health promotion action plan. The interagency work and network requires continued support to further incentives and real collaboration. We also need to continue to work within existing inter-sectoral frameworks (such as School Plus, the Community Action Plan Committee, Regional Inter-sectoral Committee, and In-Motion) to successfully work on population health promotion strategies.

Home Care clients have identified issues regarding continuity of care in regards to care providers. Various strategies are being implemented to alleviate these concerns such as changes in geographic areas and timely communication of the client's care plan.

The supply of qualified health professionals continued to be a major challenge for the Region in 2004 as it attempted to recruit nurses, physiotherapists, psychologists, speech language pathologists, laboratory personnel, among others. The provision of physician services in rural communities continued to a challenge in 2004 as Coronach, Kipling and Estevan were actively recruiting to replace physicians who had chosen to practice elsewhere.

Tatagwa View began the dawning of a new era as the first Eden Concept building within the Region. This building was designed to replace the services provided in the Souris Valley Extended Care Centre and to provide an environment that was more homelike. Each resident of Tatagwa View has a private room, adjacent washroom and access to a living room, dining room, kitchen and family room shared with a total of 11 or 12 residents in each house.

The Eden Philosophy required modest changes to work routines which appeared to have a very positive impact on the residents. Work will continue in 2005.

Tatagwa View required a large financial outlay on the part of the Region to fund the community's contribution to the project. In addition to actively fund raising by soliciting sponsors for houses or beds, the Region was required to utilize reserves for this project. Although the Region successfully managed to fund the project, vigilant cash flow management will be required in the future. However, a line of credit is available if required.

TeleHealth has been initiated in Sun Country Health Region this year. In February, 2005 a site was established at the Weyburn General Hospital. Currently clients can access some specialty appointments by TeleHealth and avoid extensive travel. These consultations are facilitated by a coordinator at the site. The equipment is also being used to provide education on-site to not only our staff and physicians, but also the public. Future plans to increase sites will include Estevan and Kipling in the next fiscal year.

Performance Management Summary

Indicator		SCHR	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	May 2005	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-04*	104	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	94.51	87%	25% – 90%
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) Provider Unions (CUPE; SEIU; SGEU) *2004-05*	63.34	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	63.34	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	41.61	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	88.31	93.07	70.00 – 98.43
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) Provider Unions (CUPE; SEIU; SGEU) *2004-05*	22.22	26.65	11.30 – 61.97
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) HSAS *2004-05*	38.79	22.38	2.89 – 48.65
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	4.73	2.43	0.00 – 6.45
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) SUN *2004-05*	34.68	63.99	19.92 – 314.54
2.1.1.10.	Health system full time equivalents (FTEs) Provider Unions (CUPE; SEIU; SGEU) *2004-05*	1047.90	n/a	n/a
	Health system full time equivalents (FTEs) HSAS *2004-05*	76.49	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	100.50	n/a	n/a
	Health system full time equivalents (FTEs) SUN *2004-05*	252.30	n/a	n/a

Indicator		SCHR	Provincial Comparison	Range
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-05*	4.94	6.52	4.32 – 9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-05*	280.11	345.86	152.43 – 492.92
2.1.1.17.	Worked hours as a percentage of paid hours Provider Unions (CUPE; SEIU; SGEU) *2004-05*	80.4%	79.8%	78.5% – 81.5%
	Worked hours as a percentage of paid hours HSAS *2004-05*	83.1%	82.0%	79.7% – 83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	82.7%	81.1%	69.5% – 83.7%
	Worked hours as a percentage of paid hours SUN *2004-05*	78.5%	79.1%	77.3% – 85.4%
2.1.1.18.a	Working capital ratio *2004-05*	.86	n/a	.45 – 1.69
2.1.1.18.b	Number of days able to operate with working capital *2004-05*	(24.24)	n/a	(68.06) – 28.83
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-05*	0.0%	n/a	(1.5%) – 1.4%
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-05*	(187,101)	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-05*	(1,992,189)	n/a	n/a
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-05*	241,188	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-05*	97,458	n/a	n/a
Program-Specific Indicators				
Province Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-05*	n/a	n/a	n/a
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	n/a	n/a	n/a
2.2.1.4.	Average wait time in days for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	43 days	59 days	41 – 76 days
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-05*	n/a	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-05*	n/a	53%	48% – 66%

Indicator		SCHR	Provincial Comparison	Range
2.2.2.4.	Percentage of surgical cases completed within 6 months *2004-05*	n/a	81%	74% – 100%
	Percentage of surgical cases completed within 12 months *2004-05*	n/a	91%	85% – 100%
	Percentage of surgical cases completed within 18 months *2004-05*	n/a	95%	93% – 100%
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *Q2 2004-05 (Quarterly Report – October 2004)*	12.7%	21.8%	12.7% – 29.1%
Population Health Services				
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2003** NOTE: SIMS does not capture on-reserve immunizations	86.3%	73.3%	57.3% – 86.3%
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2003** NOTE: SIMS does not capture on-reserve immunizations	85.6%	71.7%	57.3% – 85.6%
2.2.6.6.	Genital chlamydia rate per 100,000 population MALES *2003*	95.4	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	115.0	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	68	65.8	57 – 73
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) *[yes/no indicator]*	Yes	n/a	n/a
	Population health promotion plan progress report submitted March 31, 2005 *[yes/no indicator]*	Yes	n/a	n/a
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-04*	61.5%	58.4%	43.7% – 72.6%
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	28.67%	23.89%	0.00% – 100.00%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004/2005*	0	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-05 [yes/no indicator]*	Yes	n/a	n/a

Indicator		SCHR	Provincial Comparison	Range
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-05 [yes/no indicator]*	n/a	n/a	n/a
Emergency Response Services				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-04*	95.51%	98.76%	70.17% – 100.00%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-04*	18.1	21.1	12.5 – 26.3
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions *2003-04*	n/a	n/a	n/a
Program Support Services				
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-05*	4.3%	n/a	3.6% – 11.5%
Health Status and Outcome Indicators				
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	5.08	6.24	1.70 – 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	4.72	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	14.4	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES *1996*	67.3	66.6	61.8 – 69.2
	Disability-free life expectancy (at birth) FEMALES *1996*	71.6	70.0	63.2 – 72.5
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES *1996*	11.1	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES *1996*	13.2	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES *2001*	76.8	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES *2001*	81.2	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES *2001*	16.7	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES *2001*	20.6	20.9	17.2 – 21.8
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	54.3%	59.5%	47.6% – 63.7%

Indicator		SCHR	Provincial Comparison	Range
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES *2003*	25.3%	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES *2003*	23.2%	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0-29.9) *2003*	31.7%	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 20 to 64 years) who are obese (BMI 30.0+) *2003*	27.2%	20.5%	16.4% – 27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	45.4%	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	52.7%	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-02*	36.2	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-03*	13.1	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-03*	8.4	6.5	4.6 – 12.0
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-03*	20.2	13.4	3.6 – 20.0
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-03*	31.8	25.1	0.0 – 35.0

Payee Disclosure List

If you would like a copy of the Payee Disclosure List please contact the Sun Country Health Region Office by phone (306) 842-8718 or by fax (306) 842-8738.

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Management's Responsibility

To the Members of the Board of Sun Country Regional Health Authority:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian generally accepted accounting principles and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors and the Finance Committee are composed entirely of Directors who are neither management nor employees of the Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Finance Committee has the responsibility of meeting with management and external auditors to discuss the internal controls over the financial reporting process, auditing matters and financial reporting issues. The Committee is also responsible for recommending the appointment of the Authority's external auditors.

Meyers Norris Penny LLP, an independent firm of Chartered Accountants, is appointed by the Board to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and may meet periodically and separately with, the Board, the Finance Committee and management to discuss their audit findings.

May 3, 2005

Chairman of the Board

Regional Director of Finance

Auditors' Report

To the Members of the Board of Sun Country Regional Health Authority:

We have audited the statement of financial position of Sun Country Regional Health Authority as at March 31, 2005 and the statements of operations, supporting schedules, and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Sun Country Regional Health Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

May 3, 2005
Weyburn, Canada

Meyer Norris Penny LLP
Chartered Accountants

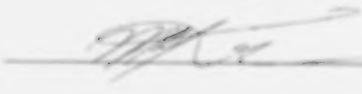
Statement of Financial Position

As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	2005 Total	2004 Total
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 1,916,970	2,026,140	1,702,870	5,645,980	6,531,873
Restricted Cash and Investments (Schedule 2)	868,381	-	-	868,381	951,854
Due from Saskatchewan Health	100,000	-	-	100,000	7,892,959
Trade Accounts Receivable	719,678	-	-	719,678	730,810
Accrued Interest Receivable	5,079	-	19,861	24,940	26,487
GST Receivable	162,540	-	-	162,540	296,889
Accounts Receivable - Interfund	90,277	-	(90,277)	-	-
Inventories	730,488	-	-	730,488	751,379
Prepaid Expenditures	525,546	-	-	525,546	620,276
	5,118,959	2,026,140	1,632,454	8,777,553	17,802,527
Long Term Investments (Schedule 2)	17,268	-	829,777	847,045	1,785,899
Long Term Loan Receivable (Note 6)	-	-	100,000	100,000	100,000
Interfund loans (Note 14)	-	(127,937)	127,937	-	-
Capital Assets (Note 3)	-	47,144,084	-	47,144,084	36,569,353
Total Assets	**$ 5,136,227**	**49,042,287**	**2,690,168**	**56,868,682**	**56,257,779**
Liabilities					
Current Liabilities					
Trade Accounts Payable	$ 1,149,937	367,941	-	1,517,878	3,049,729
Accrued Salaries and Benefits	3,089,219	-	-	3,089,219	3,611,993
Accrued Vacation	4,690,060	-	-	4,690,060	4,324,908
Current portion of Long Term Debt (Note 7)	-	281,665	-	281,665	265,873
Deferred Revenue (Note 8)	663,757	-	-	663,757	420,213
	9,592,973	649,606	-	10,242,579	11,672,716
Long Term Debt (Note 7)	-	6,527,972	-	6,527,972	6,808,934
Total Liabilities	**9,592,973**	**7,177,578**	**-**	**16,770,551**	**18,481,650**
Fund Balances					
Externally Restricted (Schedule 3)	712,044	1,476,625	2,690,168	4,878,837	3,968,618
Internally Restricted (Schedule 4)	156,337	549,515	-	705,852	818,944
Invested in Capital Assets	-	39,838,569	-	39,838,569	34,353,967
Unrestricted	(5,325,127)	-	-	(5,325,127)	(1,365,400)
Total Fund Balances	**(4,456,746)**	**41,864,709**	**2,690,168**	**40,098,131**	**37,776,129**
Total Liabilities & Fund Balances	**$ 5,136,227**	**49,042,287**	**2,690,168**	**56,868,682**	**56,257,779**

Approved on behalf of the Board:

Director



Director

(See accompanying notes and schedules)

Statement of Operations and Changes in Fund Balances

For the year ended March 31

	Operating Fund			Restricted Funds			
	Budget 2005 (Note 13)	2005	2004	Capital Fund 2005	Community Trust Fund 2005	2005	2004
Revenues							
Saskatchewan Health - General Revenue Fund	$ 80,252,212	81,230,219	77,198,754	3,957,854	-	3,957,854	7,294,473
Other Province Revenue	291,086	417,116	515,137	215,068	-	215,068	217,759
Federal Government Revenue	-	3,060	1,320	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	141,098	143,152	169,767	-	-	-	-
Patient Fees	9,270,310	9,151,734	9,175,719	-	-	-	-
Out of Province Revenue	137,900	158,695	162,464	-	-	-	-
Out of Country Revenue	9,440	11,286	15,840	-	-	-	-
Donations	25,604	449,907	244,119	407,240	310,504	717,744	616,351
Investment Revenue	101,125	163,108	220,252	22,978	56,672	79,650	103,143
Recoveries	1,085,666	1,393,099	1,195,933	-	-	-	-
Other Revenue	257,723	299,498	209,128	4,038	-	4,038	-
	91,572,164	93,420,874	89,108,433	4,607,178	367,176	4,974,354	8,231,726
Expenditures †							
Acute Care Services	21,337,659	21,332,011	20,663,821	616,143	-	616,143	617,208
Physician Compensation - Acute	537,747	730,496	653,390	-	-	-	-
Supportive Care Services	40,698,362	42,968,269	40,279,204	1,601,868	168,054	1,769,922	1,836,710
Home Based Services - Supportive Care	6,043,412	5,765,694	5,372,483	22,671	-	22,671	18,052
Population Health Services	3,264,492	3,198,651	3,161,907	33,332	-	33,332	35,429
Community Care Services	4,447,223	4,320,626	4,356,472	8,808	-	8,808	10,282
Home Based Services - Acute & Palliative	837,401	845,129	902,212	2,597	-	2,597	2,555
Primary Health Care Services	2,470,580	2,540,928	2,351,365	93,853	12,577	106,430	117,517
Emergency Response Services - RHA	3,386,449	3,231,761	3,046,187	95,898	-	95,898	96,784
Mental Health Services - Inpatient	1,430,279	1,543,514	1,550,676	2,563	-	2,563	2,992
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	2,833,737	2,748,364	2,543,240	-	-	-	-
Program Support Services	4,143,725	4,046,267	4,054,815	-	-	-	-
Special Funded Programs	141,098	143,152	169,767	-	-	-	-
Ancillary	-	-	-	-	-	-	-
	91,572,164	93,414,862	89,105,539	2,477,733	180,631	2,658,364	2,737,529
Net Revenues	$ 0	6,012	2,894	2,129,445	186,545	2,315,990	5,494,197
Balance of Funds at beginning of year		(413,546)	842,461	35,672,187	2,517,488	38,189,675	31,436,577
Interfund Transfers (Note 14)		(4,049,212)	(1,258,901)	4,063,077	(13,865)	4,049,212	1,258,901
Balance of Funds at end of year		$ (4,456,746)	(413,546)	41,864,709	2,690,168	44,554,877	38,189,675

† See also Schedule 1 - Expenditures Classified by Object

(See accompanying notes and schedules)

Statement of Cash Flows

For the year ended March 31

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund	Community Trust Fund	Total 2005	Total 2004
Cash Provided by (used in)	Operating Activities		Financing and Investing Activities			
Excess of revenue over expenditure	$ 6,012	2,894	2,129,445	186,545	2,315,990	5,494,197
Amortization of capital assets	-	-	2,045,208	-	2,045,208	2,199,831
Gain on sale of assets	-	-	(4,038)	-	(4,038)	-
Net change in non-cash working capital						
Due from Saskatchewan Health	1,205,213	28,052	6,587,746	-	6,587,746	(29,746)
Trade Accounts Receivable	11,132	169,595	-	-	-	-
Accrued Interest Receivable	173	80,042	-	1,374	1,374	(2,349)
GST Receivable	134,349	(137,910)	-	-	-	-
Accounts Receivable - Interfund	24,552	24,534	-	(24,552)	(24,552)	(24,534)
Inventories	20,891	96,321	-	-	-	-
Prepaid Expenditures	94,730	(210,781)	-	-	-	-
Interfund Loan	-	-	(61,006)	61,006	-	-
Trade Accounts Payable	(360,410)	(812,010)	(1,171,441)	-	(1,171,441)	1,088,874
Accrued Salaries and Benefits	(522,774)	(84,224)	-	-	-	-
Accrued Vacation	365,152	116,380	-	-	-	-
Deferred Contributions	243,544	(9,322)	-	-	-	-
	1,222,564	(736,429)	9,525,914	224,373	9,750,287	8,726,273
Purchase of capital assets	-	-	(12,630,451)	-	(12,630,451)	(10,274,366)
Proceeds from sale of capital assets	-	-	14,550	-	14,550	-
Net change in restricted cash and investments	83,473	(134,679)	-	-	-	-
Purchase of investments	-	(356)	-	251,450	251,450	(578,539)
Proceeds from investments	287,404	-	400,000	-	400,000	345,194
	370,877	(135,035)	(12,215,901)	251,450	(11,964,451)	(10,507,711)
Repayment of Debt	-	-	(265,170)	-	(265,170)	(247,831)
	-	-	(265,170)	-	(265,170)	(247,831)
Net increase (decrease) in Cash Flow	**$ 1,593,441**	**(871,464)**	**(2,955,157)**	**475,823**	**(2,479,334)**	**(2,029,269)**
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 4,372,741	6,503,106	918,220	1,240,912	2,159,132	2,929,500
Interfund Transfers (Note 14)	(4,049,212)	(1,258,901)	4,063,077	(13,865)	4,049,212	1,258,901
Net increase (decrease) in Cash Flow	1,593,441	(871,464)	(2,955,157)	475,823	(2,479,334)	(2,029,269)
Balance at end of year	**$ 1,916,970**	**4,372,741**	**2,026,140**	**1,702,870**	**3,729,010**	**2,159,132**
Balance at end of year is comprised of:						
Cash and cash equivalents	1,724,170	4,272,741	2,026,140	1,021,316	3,047,456	1,782,689
Short term investments	192,800	100,000	-	681,554	681,554	376,443
Cash and short term investments (Schedule 2)	**$ 1,916,970**	**4,372,741**	**2,026,140**	**1,702,870**	**3,729,010**	**2,159,132**
Supplementary Cash Flow Information						
Interest Paid	$ -	-	413,763	-	413,763	435,072

(See accompanying notes and schedules)

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authority.

The Sun Country Regional Health Authority (SCRHA) was created by the Act. The Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Sun Country Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles, and are based on the application of the accounting policies described below.

a) Health Care Organizations

i) The SCRHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
Moose Mountain Alcohol and Drug
SMILE
Fillmore Ambulance
Supreme Ambulance

Note 10 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Co. Inc.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 10 b) iii) provides supplementary information regarding the donations received from the foundations.

b) Restricted Fund Accounting

The SCRHA follows the Restricted Fund method of accounting. Fund accounting creates a self-balancing set of accounts for each fund, established by legal, contractual, or voluntary actions. The Restricted Fund Method is a specialized form of fund accounting that distinguishes between operating funds and funds that are restricted for specific purposes.

2. Significant Accounting Policies - continued

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received/receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by contributor and funding relating to the mortgages. Expenses consist of the amortization of assets and interest expense.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue Recognition

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. The cost of inventory is determined by the weighted average method.

f) Investments

Investments are valued at the lower of cost or net realizable value. Investments are comprised of term deposits, bonds, debentures, and guaranteed investment certificates. (See Schedule 2)

2. Significant Accounting Policies - continued

g) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Amortization is based on the estimated useful lives of Capital Assets. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

	2005			*2004*
	Cost	Accumulated Amortization	Net	Net
Land	$ 724,603	$ -	$ 724,603	$ 724,603
Land Improvements	823,872	630,718	193,154	217,215
Leasehold Improvements	700,695	630,430	70,265	113,362
Buildings	65,744,887	23,759,587	41,985,300	21,329,600
Building under construction	-	-	-	10,797,129
Equipment	22,220,940	18,050,178	4,170,762	3,387,444
	$ 90,214,997	$ 43,070,913	$ 47,144,084	$ 36,569,353

4. Commitments

a) Capital Project

As of March 31, 2005, SCRHA is committed to building a Long Term Care Facility in Weyburn. The commitment details are as follows:

	SCRHA	Sk Health	Total
Total Project Costs	$ 7,171,300	$ 15,070,000	$ 22,241,300
Capitalized as of March 31, 2005	(6,650,679)	(15,070,000)	(21,720,679)
Remaining Commitment	$ 520,621	$ -	$ 520,621

b) Capital Asset Acquisitions

SCRHA received $399,000 Capital funding from Saskatchewan Health in 2005 for the purchase of various capital assets. At March 31, 2005, there remained $80,446 to be used to acquire capital equipment in 2006, $37,793 of the equipment was ordered prior to March 31, 2005 but not yet received.

c) Capital Life Safety/Emergency & Infrastructure Projects

SCRHA received $640,000 Capital funding from Saskatchewan Health in 2005 for specific capital projects. At March 31, 2005, there remained $515,996 to be used for these projects. Due to the time needed for project development and tendering, these projects are planned to be completed by March 31, 2006.

4. Commitments - continued

d) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2006	$ 85,560
2007	$ 38,175
2008	$ 33,860
2009	$ 16,156
2010	$ 2,680

The SCRHA leases the Souris Valley Extended Care Centre from the Saskatchewan Property Management Corporation at no charge or other obligation.

e) Capital Leases

Minimum annual rentals under capital leases on property over the next four years are as follows:

2006	$ 50,350
2007	$ 50,350
2008	$ 50,350
2009	$ 50,350

5. Pension Costs

Employees of the SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Service Superannuation Plan (a related party) which is a defined benefit plan and the responsibility of the Province of Saskatchewan.

iii) The Public Employee's Pension Plan (a related party) which is a defined contribution plan and the responsibility of the Province of Saskatchewan.

For SHEPP, the financial obligation of the SCRHA is 1.12 times the amounts contributed by employees for current services. For the Public Service Superannuation Plan the financial obligation of the SCRHA is 2.62 (2004 – 2.57) times the amounts contributed by employees for current services. The Public Employees' Pension Plan, the financial obligation of the SCRHA is limited to matching the amounts contributed by employees for current services.

The pension expense for the year amounted to $2,996,989 (2004 - $2,344,651), and is included in Employee Benefits in Schedule 1.

SHEPP – Contribution rates are as follows:
5.85% (2004–5.85%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
7.35% (2004–7.35%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

Public Service Superannuation Plan:
Contribution rates are 7.00% (2004 – 7.00%) of pensionable earnings.

Public Employees Pension Plan:
Contribution rates are 5.00% (2004 – 5.00%) of pensionable earnings.

6. Long Term Loan Receivable

The SCRHA has an agreement with M.O.R.E. 2000 Organization Inc. to lend them $100,000 interest free. The payment terms are to pay $50,640 annually starting after the M.O.R.E. 2000 Organization Inc. has fully paid off their existing Mortgage Debt which is estimated to be sometime in 2009.

7. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2005	2004
Newhope Pioneer Lodge CMHC, due May 1, 2021	5.900%	$119,142 principal & interest of which $44,304 is subsidized by SHC. Yielding an effective interest rate of 2.302%. Mortgage renewal date - August 1, 2006	$ 1,244,714	$ 1,290,013
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	116,904	121,579
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	136,345	144,808
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	83,072	85,363
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	357,485	363,565
Creighton Lodge CMHC, due April 1, 2006	5.375%	$4,840 principal & interest Mortgage renewal date - April 1, 2006	5,087	9,528
Weyburn Special Care Home CMHC, due April 1, 2019	5.900%	$158,300 principal & interest of which $64,951 is subsidized by SHC. Yielding an effective interest rate of 2.074%. Mortgage renewal date - August 1, 2006	1,515,919	1,583,876
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	165,933	175,565
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	103,409	108,367
Fillmore Health Centre CMHC, due October 1, 2022	6.220%	$49,805 principal & interest of which $20,963 is subsidized by SHC. Yielding and effective interest rate of 1.975%. Mortgage renewal date - February 1, 2006	534,100	550,620
Gainsborough Health Centre CMHC, due June 1, 2022	6.220%	$47,257 principal & interest of which $19,350 is subsidized by SHC. Yielding and effective interest rate of 2.026%. Mortgage renewal date - February 1, 2006	501,905	517,869
Lampman Health Centre CMHC, due September 1, 2021	6.220%	$75,564 principal & interest of which $30,638 is subsidized by SHC. Yielding and effective interest rate of 2.144%. Mortgage renewal date - February 1, 2006	782,446	809,164
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	79,674	83,895
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	$109,304 principal & interest in which $35,246 is subsidized by SHC. Yielding and effective interest rate of 2.131%. Mortgage renewal date - December 1, 2013	1,182,644	1,230,596
			$ 6,809,637	$ 7,074,808
		Less: Current Portion	281,665	265,873
			$ 6,527,972	$ 6,808,935

7. Long Term Debt - continued

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years is estimated as follows:

2006	281,665
2007	290,632
2008	307,716
2009	326,265
2010	345,939
2011 and thereafter	5,257,419

8. Deferred Revenue

Deferred Revenue	Balance Beginning Of Year	Less Amount Recognized from Health	Add Amount Received From Health	Less Amount Recognized from Other Sources	Add Amount Received From Other Sources	Balance End of Year
Rural Emerg Med Serv.	$ 50,000	$ (50,000)	$ -	$ -	$ -	$ -
Provincial Diabetes	34,295	(81,795)	47,500	-	-	-
Primary Care Funding	155,878	(189,336)	245,000	-	-	211,542
Aboriginal Awareness	40,000	(23,080)	21,533	-	-	38,453
Professional Development	23,000	(36,308)	51,885	-	-	38,577
Team Facilitator Position	78,600	(22,081)	-	-	-	56,519
Health Promotion	-	-	22,000	-	-	22,000
SIMS and PHIS	6,540	-	10,000	-	-	16,540
Quality Health Improvement	-	-	225,530	-	-	225,530
Enforcement of Smoke Free	-	(12,805)	19,000	-	-	6,195
Surgical Wait List	-	-	3,000	-	-	3,000
Healthline	-	-	3,500	-	-	3,500
HIPA	-	(13,536)	28,250	-	-	14,714
Telehealth	-	-	11,250	-	-	11,250
Kamp Koko Moko	2,248	-	-	(2,248)	-	-
Parenting Skills	4,014	-	-	(4,014)	-	-
Other revenue received in advance	25,638	-	-	(26,781)	17,080	15,937
Total	$ 420,213	$ (428,941)	$ 688,448	$ (33,043)	$ 17,080	$ 663,757

Restricted funding related to general operations from Saskatchewan Health – General Revenue Fund is recorded as revenue as the related costs are incurred.

9. Patient and Resident Trusts Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are summarized as follows:

	2005	2004
Sun Country Regional Health Authority - Resident Trust	$ 48,344	$ 43,646
Souris Valley Extended Care Centre – Resident Bazaar	57,283	66,220
Weyburn Mental Health Centre – Resident Bazaar	112,450	145,281
Weyburn Special Care Home - Canteen	4,900	4,772
	$ 222,977	$ 259,919

10. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $20,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

	2005	2004
Revenues		
Department of Community Resources	$ 49,264	$ 59,999
Saskatchewan Government Insurance	143,152	90,386
Saskatchewan Health	325,766	215,773
Saskatchewan Property Management Corporation	83,878	87,168
Workers' Compensation Board	267,333	350,636
	$ 869,393	$ 803,962
Expenditures		
Canadian Mental Health Association	$ 98,844	$ 97,799
Fillmore Ambulance	73,260	73,260
Minister of Finance	23,805	68,713
Moose Mountain Alcohol & Drug Rehab	131,794	129,657
Moosomin Union Hospital	239,536	228,752
Public Employees Pension Plan	96,298	186,795
Public Service Superannuation Board	56,374	17,826
Radville Marian Health Centre	2,317,992	2,246,116
Regina Qu'Appelle Health Region	79,069	90,037
SaskTel Mobility	53,938	64,432
Saskatchewan Association of Health Organizations	2,848,761	2,603,150
SaskEnergy Incorporated	693,293	546,524
Saskatchewan Power Corporation	808,525	781,350
Saskatchewan Property Management Corporation	393,413	508,061
Saskatchewan Telecommunications	257,720	313,518
SGI Auto Fund Division	36,336	20,158
Saskatchewan Health Employees Pension Plan	3,211,778	3,598,420
SMILE Services Inc.	47,784	47,784
St. Joseph's Hospital	10,101,779	9,956,946
Supreme Ambulance (Carlyle)	268,855	230,450
The Border-line Housing Corporation	1,041,684	1,010,008
Weyburn Group Home Society	192,702	181,214
Workers' Compensation Board	1,346,114	1,196,914
	$ 24,419,654	$ 24,197,884

10. *a) Related Party Transactions - continued*

	2005	2004
Trade Accounts Receivable		
Workers' Compensation Board	$ 41,540	$ 43,749
Prepaid Expenditures		
Workers' Compensation Board	$ 317,277	$ 312,282
Accounts Payable		
Minister of Finance	$ -	$ 49,250
Moosomin Union Hospital	36,563	-
Saskatchewan Association of Health Organizations	143,555	121,908
SaskEnergy Incorporated	103,768	70,044
Saskatchewan Health	61,890	-
Saskatchewan Power Corporation	67,092	68,359
Saskatchewan Property Management Corporation	47,808	87,519
Saskatchewan Health Employees Pension Plan	418,251	392,066
Saskatchewan Telecommunications	31,530	33,599
Supreme Ambulance	-	43,308
St Joseph's Hospital	76,004	120,290
	$ 986,461	$ 986,343

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenditures.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The SCRHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	2005	2004
Canadian Mental Health Association	$ 98,844	$ 97,799
Weyburn Group Home Society Inc.	192,702	181,214
SMILE Services Inc.	47,784	47,784
Moose Mountain Drug and Alcohol Rehab.	131,794	129,657
Fillmore Ambulance	73,260	73,260
Supreme Ambulance (Carlyle)	268,855	230,450
	$ 813,239	$ 760,164

10. *b) Health Care Organizations - continued*

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2005	*2004*
St. Joseph's Hospital	$ 10,063,248	$ 9,919,804
Radville Marian Health Centre	2,317,992	2,246,116
The Border-line Housing Co. Inc.	1,041,684	1,010,008
Total	$ 13,422,924	$ 13,175,928

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2005 and 2004 and for the years then ended:

	Total 2005	*Total 2004*
Balance Sheet		
Assets	$ 2,587,978	$ 2,371,038
Net Capital Assets	24,331,828	25,090,108
Total Assets	$ 26,919,806	$ 27,461,146
Total Liabilities	2,256,097	2,154,882
Total Net Assets	24,663,709	25,306,264
	$ 26,919,806	$ 27,461,146
Results of Operations and Fund Balances		
SCRHA Grant	$ 13,603,496	$ 13,175,928
Other Revenue	4,132,552	4,275,000
Total Revenue	$ 17,736,048	$ 17,450,928
Salaries & Benefits	13,676,986	12,861,196
Other Expenses *	4,679,864	4,886,774
Total Expenses	18,356,850	17,747,970
Excess Expenses over Revenue	$ (620,802)	$ (297,042)

* Other Expenses includes amortization of $1,060,945 (2004 - $1,059,757)

Cash Flows		
Cash from Operations	$ 693,728	$ 1,083,923
Cash used in Financing Activities	(3,786)	(3,501)
Cash used in Investing Activities *	(302,665)	(535,123)
Increase in cash	$ 387,277	$ 545,299

* Cash used in Investing Activities includes capital purchases of $302,665 (2004 - $534,999)

10. *b) Health Care Organizations - continued*

iii) Fund Raising Foundations

There are various charitable health foundations through out the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	2005	2004
South Central Health District Foundation Inc.	$ 198,974	$ 86,020
Redvers & District Community Health Foundation Inc.	13,737	-
Wawota Health Care Foundation Inc.	251	-
Kipling District Health Foundation Inc.	-	134,338
Brock Union Hospital Foundation Corporation	-	-
Moose Mountain Lodge Foundation Inc.	-	-

11. **Financial Instruments**

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Cash and short term investments
Accounts receivable
Accounts payable
Accrued salaries and vacation payable

ii) For investments, the fair value is based on quoted market prices where available. The carrying value of the SCRHA's long term debt approximates its fair value, because interest charges under the terms of the debt are comparable to the Canadian bank prime.

d) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2005.

12. Comparative Statements

Some items appearing in the statements for the prior year have been reclassified to conform with the presentation used for the current year.

13. Budget

The SCRHA Board approved the 2004-2005 budget on June 23, 2004.

14. Interfund Transfers

Each year the SCHRA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2005			2004		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Asset Purchase	$ (3,909,811)	$ 3,923,676	$ (13,865)	$ (1,095,940)	$ 1,149,007	$ (53,067)
SHC reserves - Allocation	(119,488)	119,488	-	(128,245)	128,245	-
SHC reserves - R & M	90,408	(90,408)	-	73,417	(73,417)	-
SHC reserves - Transfers	5,795	(5,795)	-	8,059	(8,059)	-
EMS Vehicle Allocation	(50,000)	50,000	-	(50,000)	50,000	-
Interfund Loan pmt	(66,116)	66,116	-	(66,192)	66,192	-
	$ (4,049,212)	$ 4,063,077	$ (13,865)	$ (1,258,901)	$ 1,311,968	$ (53,067)

The SCRHA with agreement of the Gainsborough Area Trust established an inter-fund loan. The agreement provides for the Gainsborough Area Trust fund to loan the Capital Fund an amount of $500,000. This inter-fund loan is to be repaid to the Gainsborough Area Trust in monthly instalments of $5,492 (2004 - $5,516) at an annual interest rate based on the prime rate of interest at the Gainsborough Credit Union, which may vary from year to year. The balance as at March 31, 2005 was $127,937 (2004 - $188,943).

15. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingency

The SCRHA has guaranteed a $200,000 loan for the Redvers & District Community Health Foundation Inc. regarding the Redvers Health Centre project. This $200,000 has been set-up as an internally restricted fund.

17. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding the reconsiderations.

As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonably determined.

For the year ended March 31, 2005 **Schedule 1**

Schedule of Expenditures Classified by Object

	Operating Fund		Total
	2005 Budget (Note 13)	2005 Actual	2004 Actual
Operating:			
Benefits (Note 5)	$ 9,628,075	9,517,125	8,710,852
Board Costs	138,550	111,973	120,188
Diagnostic Imaging Supplies	102,225	82,950	74,421
Drugs	482,821	534,463	442,652
Food and Dietary	1,334,747	1,385,445	1,431,590
Grants to ambulance services	327,520	342,115	303,710
Grant to Third Parties	13,907,590	13,912,600	13,649,545
Housekeeping and Laundry	268,072	372,092	329,130
Information Technology Contracts & Licenses	244,623	332,984	324,361
Insurance	252,709	263,792	217,717
Interest	9,070	2,232	5,947
Laboratory Supplies	414,094	428,479	423,581
Medical and Surgical Supplies	1,043,620	1,156,381	1,056,613
Medical Remuneration and Benefits	3,504,234	3,611,402	3,356,096
Office and General Supplies	745,094	766,655	735,611
Other	1,045,306	1,075,716	979,560
Other referred out services	803,047	772,725	775,973
Prosthetics	-	-	-
Professional Fees	482,877	479,442	413,115
Purchased Services	406,393	390,454	459,774
Rent/Lease/Purchase	520,561	1,141,545	861,547
Repairs and Maintenance	1,213,274	1,270,849	1,515,659
Salaries	51,991,152	52,378,314	50,172,330
Service Contracts	275,923	388,103	193,199
Travel	616,824	505,425	507,021
Utilities	1,813,763	2,191,601	2,045,347
	$ 91,572,164	**93,414,862**	**89,105,539**
Restricted:			
Amortization of Capital Assets		$ 2,045,208	2,199,831
Interest on Long Term Debt		412,545	433,470
Grants to Third Parties		19,980	19,980
Other		180,631	84,248
		$ 2,658,364	**2,737,529**

(See accompanying notes)

For the year ended March 31, 2005 **Schedule 2**

Schedule of Cash and Investments

RESTRICTED CASH AND INVESTMENTS	Cash & Short Term Investments	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
Externally Restricted Cash and Investments - Community Trust						
Estevan Regional Nursing Home - Royal Bank - Chequing	$ 5,868	$ -	$ 5,868			
Creighton Lodge - Estevan Credit Union	$ 116,219	$ -	$ 116,219			
Midale Area Trust						
Midale Credit Union - Term Certificate	$ 120,000	$ -	$ 120,000	May 1, 2005	1.750%	1.750%
Midale Credit Union - Term Certificate	100,000	-	100,000	December 15, 2005	3.500%	3.500%
Midale Credit Union - Term Certificate	-	150,000	150,000	August 11, 2006	3.000%	3.000%
Midale Credit Union - Term Certificate	-	140,000	140,000	September 5, 2006	3.000%	3.000%
Midale Credit Union - Term Certificate	-	50,000	50,000	August 23, 2007	2.600%	2.600%
Midale Credit Union - Plan 24	239,426	-	239,426			
	$ 459,426	$ 340,000	$ 799,426			
Oxbow Area Trust						
Estevan Credit Union - Term Certificate	$ 19,213	$ -	$ 19,213	May 4, 2005	2.600%	2.600%
Estevan Credit Union - Chequing	337,992	-	337,992			
	$ 357,205	$ -	$ 357,205			
Gainsborough Area Trust						
Gainsborough Credit Union - Term Certificates	$ 25,400	$ -	$ 25,400	May 1, 2005	1.250%	1.250%
Gainsborough Credit Union - Term Certificates	48,000	-	48,000	July 4, 2005	3.500%	3.500%
Gainsborough Credit Union - Term Certificates	25,967	-	25,967	August 31, 2005	1.250%	1.250%
Gainsborough Credit Union - Term Certificates	92,717	-	92,717	September 9, 2005	1.250%	1.250%
Gainsborough Credit Union - Term Certificates	10,000	-	10,000	September 16, 2005	1.000%	1.000%
Gainsborough Credit Union - Term Certificates	5,458	-	5,458	October 2, 2005	3.250%	3.250%
Gainsborough Credit Union - Term Certificates	27,744	-	27,744	November 1, 2005	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	11,464	-	11,464	November 28, 2005	1.500%	1.500%
Gainsborough Credit Union - Term Certificates	15,000	-	15,000	December 16, 2005	1.750%	1.750%
Gainsborough Credit Union - Term Certificates	9,426	-	9,426	January 3, 2006	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	160,000	-	160,000	January 17, 2006	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	11,165	-	11,165	March 10, 2006	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	7,500	7,500	April 2, 2006	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	11,952	11,952	May 30, 2006	2.750%	2.750%
Gainsborough Credit Union - Term Certificates	-	290,000	290,000	July 31, 2006	2.500%	2.500%
Gainsborough Credit Union - Term Certificates	-	38,000	38,000	November 6, 2006	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	6,000	6,000	January 7, 2007	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	17,256	17,256	March 12, 2007	2.250%	2.250%
Gainsborough Credit Union - Term Certificates	-	30,000	30,000	August 6, 2007	2.250%	2.250%
Gainsborough Credit Union - Term Certificates	-	6,000	6,000	January 13, 2008	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	18,803	18,803	February 21, 2008	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	24,266	24,266	March 29, 2008	3.000%	3.000%
Gainsborough Credit Union - Chequing	18,133	-	18,133			
	$ 460,474	$ 449,777	$ 910,251			
Lampman Area Trust - Estevan Credit Union - Chequing	$ 39,569	$ -	$ 39,569			
Fillmore Area Trust						
RBC Investment Account	$ 26,083	$ -	$ 26,083			
Royal Bank - Money Maker Plus	62,927	-	62,927			
Canada Savings Bond	-	40,000	40,000	November 1, 2006	6.370%	6.370%
Royal Bank	93,903	-	93,903			
	$ 182,913	$ 40,000	$ 222,913			
Coronach Trust - CIBC	$ 81,196	$ -	$ 81,196			
Total Community Trust Externally Restricted Funds	**$ 1,702,870**	**$ 829,777**	**$ 2,532,647**			

(See accompanying notes)

For the year ended March 31, 2005 **Schedule 2**

Schedule of Cash and Investments - continued

	Cash	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS - continued						
Externally Restricted Cash and Investments - Operating Fund						
Weyburn General Hospital - Palliative	$ 1,393	$ -	$ 1,393			
Wood Gundy	210,804	-	210,804			
General Motors Accept. Corp. of Canada	-	200,000	200,000	July 27, 2006	6.000%	6.000%
Estevan Credit Union	299,847	-	299,847			
Total Operating Externally Restricted Funds	**$ 512,044**	**$ 200,000**	**$ 712,044**			
Internally Restricted Cash and Investments - Operating Fund						
Estevan Credit Union	$ 156,337	$ -	$ 156,337			
Total Operating Fund Internally Restricted	**$ 156,337**	**$ -**	**$ 156,337**			
Total Operating Fund Restricted Cash and Investments	**$ 668,381**	**$ 200,000**	**$ 868,381**			
Externally Restricted Cash and Investments - Capital Fund						
WGH Building Fund	$ 485,547	$ -	$ 485,547			
WGH - Lottery	15,693	-	15,693			
Estevan Credit Union	975,385	-	975,385			
Total Capital Externally Restricted Funds	**$ 1,476,625**	**$ -**	**$ 1,476,625**			
Internally Restricted Cash and Investments - Capital Fund						
Wood Gundy	149,981	-	149,981			
Estevan Credit Union	399,534	-	399,534			
Total Capital Fund Internally Restricted	**$ 549,515**	**$ -**	**$ 549,515**			
Total Capital Fund Restricted Cash and Investments	**$ 2,026,140**	**$ -**	**$ 2,026,140**			
Total Restricted Cash and Investments	**$ 4,397,391**	**$ 1,029,777**	**$ 5,427,168**			

Estimated Fair Market Values for Restricted Cash and Investments	2005	2004
Cash and Short Term Investments (approximates face value)	$ 4,397,391	$ 3,110,986
Long Term Investments (approximates face value)	1,028,781	1,478,127
	$ 5,426,172	$ 4,589,113

	Cash	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
UNRESTRICTED CASH AND INVESTMENTS						
Estevan Credit Union	$ 1,645,058	$ -	$ 1,645,058			
RBC Dominion	16,705	-	16,705			
Co-op Equity	-	11,868	11,868			
Sask Savings Bonds	92,800	-	92,800	July 15, 2005	5.750%	5.750%
Sask Savings Bonds	-	5,400	5,400	July 15, 2006	4.250%	4.250%
Estevan Credit Union - Term Certificates	100,000	-	100,000	November 14, 2007	2.600%	2.600%
CIBC T-Bill Fund	62,407	-	62,407			
Total Unrestricted Cash and Investments	**$ 1,916,970**	**$ 17,268**	**$ 1,934,238**			

Estimated Fair Market Values for Unrestricted Cash and Investments	2005	2004
Cash and Short Term Investments (approximates face value)	$ 1,916,970	$ 4,372,741
Long Term Investments (approximates face value)	17,458	320,894
	$ 1,934,428	$ 4,693,635

(See accompanying notes)

For the year ended March 31, 2005 **Schedule 3**

Schedule of Changes in Externally Restricted Fund Balances

	Balance Start of Year	Investment & Other Revenue	Donations	Expenses	Contributions (Withdrawals)	Balance End of Year
Operating Fund:						
ABI	$ -	-	20	(20)	-	-
Arcola Health Centre	312,453	4,678	23,972	(24,627)	-	316,476
Arcola Health Centre - Palliative Care	310	-	-	(310)	-	-
Bengough Health Centre	-	-	7,137	(7,137)	-	-
Bengough Trust	61	-	-	(61)	-	-
Coronach Health Centre	3,215	6	6,665	(9,479)	-	407
Deerview Lodge	31,225	331	859	(10,002)	-	22,413
Estevan Home Care	42,552	778	15,405	(6,131)	-	52,604
Estevan Regional Nursing Home	23,221	73	6,055	(24,402)	-	4,947
Filmore Health Centre	26,048	216	9,758	(21,406)	-	14,616
Gainsborough Area	2,309	-	1,161	(3,470)	-	-
Galloway Oxbow	-	66	4,367	-	-	4,433
Home Care East	101,085	1,516	-	-	-	102,601
Kipling Health Centre	46,348	75	9,003	(50,332)	-	5,094
Kipling Lab	1,808	-	-	(1,808)	-	-
Kipling Road Ambulance	1,015	-	-	(1,015)	-	-
Lampman Health Centre	1,209	-	-	(1,209)	-	-
Mental Health Regional	4,364	-	644	(5,008)	-	-
Moose Mountain Lodge	47,341	1,097	39,442	(13,675)	-	74,205
Newhope Pioneer Lodge	5,929	48	3,170	(5,929)	-	3,218
Oxbow Area	36	-	-	(36)	-	-
Pangman Health Centre	-	25	2,100	(449)	-	1,676
Public Health Services	3,439	58	2,205	(1,768)	-	3,934
Redvers Centennial Haven	49,849	130	15,468	(56,682)	-	8,765
Redvers Road Ambulance	2,215	33	-	-	-	2,248
Regional EMS	-	-	2,522	(2,522)	-	-
Souris Valley Extended Care Centre	14,839	261	8,072	(5,497)	-	17,675
Tatagwa Pastoral Care	-	21	1,425	-	-	1,446
Tatagwa View	-	-	145,511	(145,511)	-	-
Tatagwa View - Therapeutic Park	-	70	4,668	-	-	4,738
Wawota Road Ambulance	1,758	34	500	-	-	2,292
Weyburn General Hospital	11,737	-	13,091	(24,828)	-	-
Weyburn Home Care	-	18	1,214	-	-	1,232
Weyburn Mental Health Centre	2,705	41	-	-	-	2,746
Weyburn Palliative Care	16,887	469	21,381	(6,990)	-	31,747
Weyburn Special Care Home	3,258	-	4,861	(8,119)	-	-
Weyburn Special Care Home Education	32,050	481	-	-	-	32,531
Willowdale Lodge	18,642	-	144	(18,786)	-	-
	607,908	**10,525**	**350,820**	**(457,209)**	**-**	**712,044**
Capital Fund:						
Arcola Health Centre	-	684	61,500	(6,481)	-	55,703
Estevan EMS	-	-	80,800	(80,800)	-	-
Estevan Regional Nursing Home	-	-	25,000	(25,000)	-	-
Redvers Health Centre	-	-	5,355	(5,355)	-	-
Saskatchewan Health Capital Funding (Note 4)	48,930	7,420	-	(491,487)	1,039,000	603,863
Weyburn General Hospital Building	490,059	6,097	-	-	-	496,156
Weyburn General Hospital Equipment	104,113	3,943	234,585	(21,738)	-	320,903
Weyburn Special Care Home	120	-	-	(120)	-	-
	643,222	**18,144**	**407,240**	**(630,981)**	**1,039,000**	**1,476,625**
Community Trust Fund:						
Coronach Trust Fund	79,745	1,450	-	(18,334)	-	62,861
Filmore Area Trust Fund	255,043	3,001	-	(35,720)	-	222,324
Gainsborough Area Trust	1,034,827	27,112	8,676	(33,781)	-	1,036,834
Lampman Area Trust Fund	28,471	383	9,776	118	-	38,748
Midale Area Trust Fund	755,390	17,910	163,938	(62,096)	-	875,142
Oxbow Area Trust Fund	227,186	5,861	128,094	(9,393)	-	351,748
Estevan Regional Nursing Home Trust Fund	3,398	-	-	(30)	-	3,368
Creighton Lodge Trust Fund	133,428	954	20	(21,396)	(13,863)	99,143
	2,517,488	**56,671**	**310,504**	**(180,632)**	**(13,863)**	**2,690,168**
	$ **3,968,618**	**85,340**	**1,068,564**	**(1,268,822)**	**1,025,137**	**4,878,837**

(See accompanying notes)

For the year ended March 31, 2005 **Schedule 4**

Schedule of Changes in Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Transfer from unrestricted fund annual allocation	Transfer to unrestricted fund Expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ 6,500	82	6,540	(3,520)	-	9,602
Weyburn Special Care Home	-	-	44,968	(32,742)	-	12,226
Estevan Regional Nursing Home	-	-	15,500	(15,500)	-	-
Creighton Lodge	8,257	104	14,000	(19,018)	-	3,343
Newhope Pioneer Lodge	100,000	1,264	10,000	(5,469)	(5,795)	100,000
Wawota Deerview Lodge	38,747	490	7,745	(33,021)	-	13,961
Carlyle Moose Mountain Lodge	55,256	699	8,235	(17,813)	-	46,377
Kipling Willowdale Lodge	-	-	6,500	(464)	-	6,036
Redvers Centennial Haven	5,786	73	6,000	(3,870)	-	7,989
Other						
Emergency Medical Services Vehicles	126,115	2,122	50,000	(28,256)	-	149,981
Board Projects	134,337	-	-	(134,337)	-	-
Redvers Building (Note 16)	200,000	-	-	-	-	200,000
Total Capital Internally Restricted Fund Balances	**674,998**	**4,834**	**169,488**	**(294,010)**	**(5,795)**	**549,515**
Operating Internally Restricted Fund Balances						
Estevan and Area	143,946	4,368	-	-	-	148,314
Quality Workplace	-	-	8,023	-	-	8,023
Total Operating Internally Restricted Fund Balances	**143,946**	**4,368**	**8,023**	**-**	**-**	**156,337**
Total Internally Restricted Fund Balances	$ **818,944**	**9,202**	**177,511**	**(294,010)**	**(5,795)**	**705,852**

Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. The above schedule shows the changes in these reserve balances during the year.

The maximum accumulated fund required is equal to ten times the annual allocation.

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2004 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

(See accompanying notes)

For the year ended March 31, 2005 **Schedule 5**

Board Remuneration, Benefits, and Allowances

Board Members	2005 Retainer and Per Diems	2005 Benefits (1)	2005 Other Expenses	2005 Total	2004 Retainer and Per Diems	2004 Benefits and Other Expenses	2004 Total
Chairperson:							
Kickley, Earl	$ 18,623	$ 5,625	$ 7,386	$ 31,634	$ 26,535	$ 7,768	$ 34,303
Board Member:							
Arthur, Alan J.	2,663	1,718	1,565	5,946	5,931	2,451	8,382
Bauche, Sharon R.	4,238	2,353	3,804	10,395	7,886	4,357	12,243
Bieberdorf, Natalie	3,400	926	1,481	5,807	4,969	1,094	6,063
Dash, Rita	7,250	5,066	6,044	18,360	10,475	4,679	15,154
Empey, John	1,200	-	255	1,455	1,800	410	2,210
Gallaway, Marguerite	2,138	1,100	1,319	4,557	3,525	1,043	4,568
Kerr, Dave	3,438	715	603	4,756	4,525	793	5,318
Koszman, Maurice W.	4,525	105	4,218	8,848	4,050	2,995	7,045
McFarlane, Jack	2,488	1,503	2,397	6,388	5,313	2,888	8,201
Palmer, Vern	950	650	815	2,415	-	-	-
Sjovold, Louise	738	218	243	1,199	5,863	1,880	7,743
Standing Ready, Darlene	3,363	1,210	1,916	6,489	5,500	2,316	7,816
Total	$ 55,014	$ 21,189	$ 32,046	$ 108,249	$ 86,372	$ 32,674	$ 119,046

(1) Benefits includes employer CPP and all travel time

(See accompanying notes)

For the year ended March 31, 2005 **Schedule 5**

Senior Management Salaries, Benefits, Allowances, and Severence

2005

Staff	Number of Individuals	Salaries (1)	Benefits and Allowances (2)	Sub-total	Severence: Number of Individuals	Severence: Amount	Total
Chief Executive Officer	1	$ 142,215	$ 11,604	$ 153,819	-	$ -	$ 153,819
Senior Positions:							
Regional Medical Health Officer	1	162,504	4,545	167,049	-	-	167,049
Vice President Primary & Integrated Health Care	1	101,278	10,721	111,999	-	-	111,999
Vice President Corporate & Financial Services	1	101,278	10,721	111,999	-	-	111,999
Vice President Community Programs	1	96,668	10,981	107,649	-	-	107,649
Vice President Human Resources	1	96,668	10,981	107,649	-	-	107,649
Director of Facilities	1	80,167	9,175	89,342	-	-	89,342
Director of Communications & CQI	-	-	-	-	-	-	-
	7	$ 780,778	$ 68,728	$ 849,506	-	$ -	$ 849,506

2004

Staff	Number of Individuals	Salaries, Benefits & Allowances (Note 12)	Severence	Total
Chief Executive Officer	1	$ 146,955	$ -	$ 146,955
Senior Positions:				
Regional Medical Health Officer	1	203,605	-	203,605
Vice President Primary & Integrated Health Care	1	122,673	-	122,673
Vice President Corporate & Financial Services	1	127,958	-	127,958
Vice President Community Programs	1	103,854	-	103,854
Vice President Human Resources	1	104,352	-	104,352
Director of Facilities	1	92,059	-	92,059
Director of Communications & CQI	1	118,182	-	118,182
	8	$ 1,019,638	$ -	$ 1,019,638

(1) Salaries include regular base pay, lumpsum payments, and any other direct cash remuneration including sick leave and vacation
(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances

(See accompanying notes)

Sun Country Regional Health Authority

Payee Disclosure List

For the Year Ended March 31, 2005

Sun Country Regional Health Authority
Payee Disclosure List
For the Year Ended March 31, 2005

Personal Services
Listed are individuals who received payments for salaries, wages, honorariums, etc., totaling $50,000 or more.

Name	Amount
BANERJEE, SOME. N.	$352,306
SPENCER, LEE	$152,656
FONG, DR. PHILIP	$149,782
BUTLER-JONES, DAVID	$120,004
SEARCY, LLOYD	$105,277
CUGNET, MARGARET	$102,410
GIROUX, JANICE	$ 96,996
EHMAN, DON	$ 96,667
DUFFUS, LINDA	$ 90,328
FEDAK, MERLE	$ 84,962
RODENBUSH, DALE	$ 84,709
FORNWALD, JUDITH	$ 83,099
DAVIS, KATHY	$ 82,784
SCHULTZ, DUANE	$ 81,680
GOERES, MURRAY	$ 80,258
WARD, COREEN	$ 79,923
VETTRAINO, PASQUALE	$ 79,135
COONEY, DONNA	$ 78,150
BARNA3AS, IDA	$ 77,480
THIELE, JOYCE	$ 76,887
STEININGER, TERRY	$ 76,731
BARSI, DOROTHY	$ 76,539
GABRIEL, MAUREEN	$ 76,251
WRIGHT, BERNADETT	$ 75,485
WILSON, LINDA	$ 75,382
WYSMINITY, LINDA	$ 75,117
MCDONALD, ALLISON	$ 75,055
SHEIKH, DR. K.	$ 74,957
BIBERDORF, JEANNETTE	$ 73,719
AKINS, SHENAN	$ 73,278
JOHNSON, ANNE	$ 73,257
KESSLER, PATRICIA	$ 73,226
BOUTIN, AGNES	$ 73,158
PICK, PAMELA	$ 73,127
BECKIE, JO ANN	$ 72,722
LECLAIRE, BEATRICE	$ 72,588
HUME, LYNETTE	$ 72,343
COLLARD, MARIE	$ 72,016
BRESCIANI, DOUGLAS	$ 71,884
MCMURTRY, JANE	$ 71,884
PADAYACHEE, DR. V.	$ 71,633
SAWIN, LORNA	$ 71,475
BARRY, MARY	$ 71,181
CORNISH, MARNELL	$ 70,947
GIBSON, SYLVIA	$ 70,936
BEAUDRY, DEBORAH	$ 70,915
NIGHTINGALE, LAURIANNE	$ 70,907
TREMBLAY, LARAINE	$ 70,528
COLLARD, CLEMENT	$ 70,359
WILSON, TANNIS	$ 70,293
BLEZY, DIANNE	$ 70,182
ELIAS WHITE, JENNIFER	$ 70,137
COBB, LENORA	$ 70,100
LAURENT, DEBRA	$ 70,014
HOLLINGSHEAD, JOANNE	$ 69,974
YOUNG, ARROL	$ 69,784
CHARLES, LAUREL	$ 69,494
PETERSON, MYRNA	$ 69,368
HEPTING, BONNIE	$ 69,214
BYE, CANDY	$ 69,040
FREEMAN, BRENDA	$ 68,900
ROBERTSON, AUDREY	$ 68,829
HOUSTON, NORA	$ 68,741
STEPHANY, GENE	$ 68,678
PAULSON, GRANT	$ 68,255
NESBITT, ESTHER	$ 68,037
ALELUNAS, PAT	$ 67,972
GORDON, LINDA	$ 67,924
MCCLARTY, LEILA	$ 67,910
KERR, JANE	$ 67,714
KING, HEATHER	$ 67,535
MARSHALL, GWENDA	$ 67,468
FARNDEN, JOANNE	$ 67,237
JOHNSON, CHERYL	$ 67,224
TAYLOR, KELLY	$ 67,083
PRYZNYK, SHAWN	$ 66,998
RAIWET, SHARON	$ 66,870
METZLER, BETTY	$ 66,823
BURAK, BRENDA	$ 66,643
WEILER, ANN	$ 66,530
WILES, LINDA	$ 66,349
SAUNDERS, LESLIE	$ 66,129
MAGNIEN, VALERIE	$ 65,962
THOMSON, SCOTT	$ 65,879
STEELE, KATHLEEN	$ 65,665
SHAVER, NORMA	$ 65,455
OCHITWA, KAREN	$ 65,394
CANNON, JANET	$ 65,361
KEW, VIVIAN	$ 65,299
PLONKA, GRACE	$ 65,177
SCHMIDT, EUGENE	$ 64,931
THOMPSON, DEBORAH	$ 64,844
BRADY, LYNN	$ 64,824
WARREN, NANCY	$ 64,794
MAURER, DAWN	$ 64,756
MAY, PATRICIA	$ 64,699
SANDIFORD, JEANNETTE	$ 64,674
LEE, MICHAEL	$ 64,612
GUTHEIL, CAROLE B	$ 64,472
MCCORMICK, JUDITH	$ 64,346
FISTER, VALERIE	$ 64,280
BODE, JEAN L	$ 64,268
OBST, DEBORAH	$ 64,262
KANE, CLARA	$ 64,181
HUEL, TANIA	$ 64,157
SORENSEN, JUNE	$ 63,916
GIRARDIN, THERESA	$ 63,827
CANNON, WILLIAM	$ 63,772
DEROOSE, JUDITH	$ 63,757
WATSON, ROD	$ 63,742
PRYZNYK, GALE K.	$ 63,610
HENRY, KAREN	$ 63,505
SJARE, MIKE	$ 63,472
VIERGUTZ, SUSAN	$ 63,419
GUILLOUX, EDITH	$ 63,331
ROY, BEVERLY	$ 63,175
CLEASBY, SANDRA	$ 63,146
BROWN, CAROL	$ 63,110
DORSCH, HELENE	$ 63,011
FAUTH, DARLA	$ 62,910
SHELSTAD, CAROL	$ 62,813
CROSS, KENNETH	$ 62,807
BARSI, JEAN	$ 62,784
HILL, LAURIE	$ 62,768
KYRYLCHUK, JUDY	$ 62,626
MCLEOD, IRENE	$ 62,595
EDDY, KELLY	$ 62,469
HUNTER, CHRISTINA	$ 62,424
ANDREWS, CAROLYN	$ 62,411
SWERTZ, STELLA	$ 62,215
MULHALL, SHARON	$ 62,173
KRAEMER, MAUREEN	$ 62,137
MILLER, GLORIA	$ 62,123
SANGSTER, JANIS	$ 62,034

Personal Services - continued

Name	Amount
JONASSON, LOUANNE	$ 62,000
HERBERHOLZ, DONALD	$ 61,978
SELLERS, BETTY	$ 61,940
KEEFE, BIRDENE	$ 61,938
GOBEIL, LOUISE E	$ 61,919
ZAMBORY, TRACY	$ 61,901
STEIN, BRENDA	$ 61,897
BAKKE, LORNA	$ 61,865
BANGSUND, PATTY	$ 61,764
MCMILLAN, JORY	$ 61,698
THUEN, DEBORAH	$ 61,681
BROWN, ERIC	$ 61,650
SCHINDEL, SHARON	$ 61,603
HOIUM, CYNTHIA	$ 61,550
LEE, COLLEEN	$ 61,460
CRASSWELLER, PATRICIA	$ 61,452
SKOCZYLAS, GREG	$ 61,447
KOT, GRACE	$ 61,235
GOBEIL, HENRY	$ 61,198
ENGEBRETSEN, MARY	$ 61,188
SJOSTRAND, JANICE	$ 61,163
BATHGATE, KATHY	$ 61,048
LUSCOMBE, MICHELLE	$ 61,005
SANDSTROM, CORINNE	$ 60,926
RESTAU, FLORIE	$ 60,856
MANTEI, LANA	$ 60,703
WATLING, JOSEPHINE	$ 60,564
GREENING, JEFFERY	$ 60,538
HUNT, JENNIFER	$ 60,488
MACPHEE, ALAN	$ 60,475
TREBICK, CORINNE	$ 60,454
WALL, RHONDA	$ 60,224
MCKAY, MONA	$ 60,193
MCMURDO, BLAKE	$ 60,183
OLSON, LINDA	$ 60,151
EDDY, CHARLES	$ 60,105
OXELGREN, SONIA	$ 60,089
DANYLUK, SYLVIA	$ 60,018
RODINE, JOYCE	$ 59,928
HAUPSTEIN, PAMELA	$ 59,743
BEAHM, JAN	$ 59,435
PANTELUK, LORI	$ 59,235
BEST, SHERLYNNE	$ 59,199
LAMONTAGNE, SHIRLEY	$ 59,120
MACCLEARY, ANGELA	$ 59,086
TOTH, SHELLEY	$ 59,051
HUNTER, CARL	$ 58,896
BOSTOCK, KRISTA	$ 58,876
SHAW, THOMAS	$ 58,835
MOONEY, DERRICK	$ 58,782
ROY, JASON	$ 58,676
IRWIN, CYNTHIA	$ 58,347
CLAUDE, MIKE	$ 58,347
RAJOTTE, TERRI	$ 58,185
VAN WINKOOP, BERYL	$ 58,163
HORNER, PATRICIA	$ 58,085
DR. A. PRASAD	$ 58,010
BYRNS, CAROL	$ 57,843
WILLIAMSON, JOEL	$ 57,806
STRICKLAND, JILL	$ 57,790
ONSTAD, DELINDA	$ 57,784
MILLER, JOAN	$ 57,757
AHLIJAH, DR. W.K.	$ 57,600
SANDGAARD, MARILYN	$ 57,566
MLYNARSKI, STEPHANIE	$ 57,489
FOX, MARVIN	$ 57,440
FONG, GLORIA	$ 57,217
DAKU, JEAN	$ 57,060
PURVIS, DIANA	$ 56,641
MAAS, BRIAN	$ 56,614
MARSHAK, ESTHER	$ 56,568
MARCOTTE, JANE	$ 56,444
BLACKSTOCK, BERNIE	$ 56,438
BEAUDOIN, TRINA	$ 56,426
RYGH, ROBERTA	$ 56,422
ANDERSON, CAROL	$ 56,353
LODEN, CATHERINE	$ 56,344
JOHNSON, JOANNE	$ 56,309

Name	Amount
BATTERS, SHARON	$ 56,100
COLE, LAURIE	$ 56,043
TOCHER, WENDY	$ 55,962
GREEN, DIANNA	$ 55,861
DUNBAR, LYNDA	$ 55,832
MALIN, KATHLEEN	$ 55,611
MARCOTTE, VANESSA	$ 55,551
HEATCOAT, CHERYL	$ 55,335
LANGENBERGER, SHIRLEY	$ 55,293
DYER, DEBORAH	$ 55,290
SCHMIDT, JASON	$ 55,253
STYLES, NANCY	$ 55,243
LESY, SHARON	$ 55,202
HALLBERG, KARI	$ 55,182
ROBINSON, BRADLEY	$ 55,135
BJARNASON, DOROTHY	$ 55,066
ORTMAN, SHAUN	$ 55,052
SCHLACTER, JEANNIE	$ 54,936
PETTITT, MARK	$ 54,840
GARVEY, CARON	$ 54,834
FRANK, DEBRA	$ 54,805
ROEMER, JOYCE	$ 54,797
THERA, SHIRLEY	$ 54,759
PETERSON, CAROLYN	$ 54,685
MCCALLUM, TRENT	$ 54,649
YOUNG, DEANNA	$ 54,645
DAVID, LILIAS	$ 54,576
QUENNELLE, TAMMY	$ 54,383
AIREY, SYLVIA	$ 54,332
BEATTIE, KELLY	$ 54,315
MURRAY, JOHN	$ 54,250
KATSCHKE, LORNA	$ 54,223
MAREK, PATRICIA	$ 54,204
KLEPPE, LAURIE	$ 54,181
ROR, LINDA	$ 54,063
BATES, MARJORIE	$ 53,707
MOFFAT, JACK	$ 53,671
LUTERBACH, COLLEEN	$ 53,669
STROEDER, TERESA	$ 53,580
WOLFE, DONNA	$ 53,503
WAGNER, JANICE	$ 53,292
JOHNSON, AMOS	$ 53,230
BRUMFIELD, BARRY	$ 53,130
SALMERS, MARLENE	$ 53,023
BURNETT, SALLY	$ 53,013
DOMES, DAWNE	$ 52,949
LEMIEUX, MELANIE	$ 52,933
DUXBURY, LAVAUGHN	$ 52,704
ROMAN, ROBERTO	$ 52,649
SHOEMAKER, JANE	$ 52,521
MILDENBERGER, CHRIS	$ 52,492
HENRICKSEN, ROSEMARY	$ 52,454
SCHARNATTA, COLLEEN	$ 52,259
PARRY, CAE	$ 52,256
YOUNG, CHENOA	$ 52,244
GERESOLA, FEBE	$ 52,126
KAPELL, RILLA	$ 52,109
MAYER, RANDY	$ 52,024
GAMMACK, CAMERON	$ 51,982
MILLIGAN, CONNIE	$ 51,925
DEAN, KENNETH	$ 51,463
BREWER, BEVERLY	$ 51,371
VANSTONE, JEWELL	$ 51,243
AVERY, SHELLEY	$ 51,213
PENNY, MURRAY	$ 50,974
OLFERT, LARRY	$ 50,868
MORROW, DANIEL	$ 50,858
MASSETT, EUNICE	$ 50,725
NAULT, BETTY	$ 50,479
BAKALUK, RANDALL	$ 50,441
STEWART, JUDITH	$ 50,382
HEWITT, OWEN	$ 50,365
HAINSWORTH, SANDRA	$ 50,354
GALLANT, DEBBIE	$ 50,346
TEDFORD, GARRY	$ 50,327
BLACKSTOCK, LINUS	$ 50,307
KNIBBS, RELNA	$ 50,155

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Vendor Name	Amount
St. Joseph's Hospital	$ 11,161,388
Radville Marian Health Centre	$ 2,292,190
Estevan Medical Clinic	$ 2,071,385
The Borderline Housing Co. (1975) Inc.	$ 1,219,921
Supreme Ambulance	$ 312,163
Weyburn Group Homes Society	$ 200,756
Moose Mountain Drug & Alcohol Rehab	$ 131,794
Canadian Mental Health Assoc.-Regina	$ 98,496
Fillmore Ambulance	$ 79,365

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Vendor Name	Amount
Dominion Construction Company Inc.	$ 10,171,252
Sask Power Corporation	$ 812,272
Sask Energy	$ 716,737
Sysco Food Services West Inc	$ 704,764
Sask Property Management Corp.	$ 683,378
Peridot Group	$ 581,411
Nicholson Mechanical Ltd.	$ 494,189
CEG Energy Options Inc	$ 477,580
Stryker Canada Inc.	$ 463,930
Sask Tel	$ 413,816
Schaan Healthcare Products	$ 386,805
Moosomin Union Hospital	$ 337,003
Great West Life-Group EAP	$ 325,833
Sask Assoc. Of Health Organization	$ 325,296
Sask Union Of Nurses	$ 224,497
Radiology Assoc. Of Regina Medical P.C. Inc	$ 208,431
Johnson & Johnson Medical Prod.	$ 202,550
Quality Life Services Inc.	$ 194,930
Beckman Coulter Canada Inc.	$ 152,032
Biomerieux Canada Inc	$ 140,831
Abbott Laboratories-Vancouver	$ 129,753
City Of Weyburn	$ 128,940
CPDN	$ 122,654
Medical Professional Corporation	$ 109,802
Philips Medical Systems Canada	$ 104,858
Weyburn Co-Operative Assoc Ltd	$ 95,801
Sask Registered Nurses' Association	$ 91,895
Sask Tel Mobility	$ 86,892
Bunzl Distribution	$ 84,385
Synergy Industrial Water Treatment Inc.	$ 79,309
Today's Technology Marketing Group	$ 75,659
Source Medical Corporation	$ 75,612
Insight Canada Inc.	$ 74,253
Kci Medical Canada Inc.	$ 73,239
Medtec Marketing Ltd	$ 72,690
B & D Meats	$ 72,431
Grand & Toy Office Products	$ 68,459
Su Canada Ltd	$ 66,341
Jay's Moving And Storage Ltd	$ 64,959
Mckesson Canada	$ 64,400
Crane Supply	$ 63,353
Weyburn Dairy Distributors	$ 63,081
Sask Health	$ 62,023
Dairyworld Foods	$ 61,549
Momentum Healthware	$ 60,620
Health Sciences Assoc. Of Sask.	$ 59,249
Medical Centre	$ 55,248
SunSpun Food Services	$ 54,214
Magic White Janitors' Warehouse	$ 54,176

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Vendor Name	Amount
Receiver General-Payroll Remitt.	$ 15,385,907
Sask Healthcare Employees' Pension Plan	$ 5,500,414
Sask Assoc. Health Organizations (Dental Plan)	$ 1,508,802
Sask Workers Compensation Board	$ 1,354,871
Sask Assoc. Of Health Organizations (D I P)	$ 1,143,349
Cdn. Union Of Public Employees Local 5999	$ 644,482
Credit Union - Master Card	$ 270,358
Public Employees Pension Plan	$ 151,068
London Life	$ 86,945
Public Service Superannuation	$ 86,937

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